

1 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P00000033610

Entity Name

TOM & JACKIE PROPERTIES, INC.

FILED

Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90133 033 ***158.75

| | |
|---|---|
| Principal Place of Business 1545 BLUE HERON DRIVE SARASOTA FL 34239 | Mailing Address 1545 BLUE HERON DRIVE SARASOTA FL 34239 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|--------------------------------|
| 4. FEI Number 65-1005987 | Applied For Not Applicable |
| 5. Certificate of Status Desired X | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent HARRELL, DONALD J 1776 RINGLING BLVD. SARASOTA FL 34236 | 7. Name and Address of New Registered Agent Name: Thomas F. Kelly Street Address (P.O. Box Number is Not Acceptable): 1545 Blue Heron Drive City: SARASOTA FL Zip Code: 34239 |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: Thomas F. Kelly Pres. 1-16-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | President THOMAS F. Kelly 1545 Blue Heron Drive SARASOTA, FLA 34239 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | SECY TREAS JACQUELINE F. Kelly 1545 Blue Heron Drive SARASOTA, FLA 34239 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| | | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Kelly Pres 1-16-2001
Signature and typed or printed name of signing officer or director Date Daytime Phone #

1-941-365-9413

CR2E034 (10/00)