

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90004 005 \*\*\*150.00

**DOCUMENT # P00000038590**

1. Entity Name  
**TOM SWEENEY, INC.**

Principal Place of Business <b>3747 OLD KINGS RD.          JACKSONVILLE FL 32254</b>	Mailing Address <b>3747 OLD KINGS RD.          JACKSONVILLE FL 32254</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 6249</b> Suite, Apt. #, etc.
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City & State <b>JACKSONVILLE FL</b>	4. FEI Number <b>59-3639152</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32236</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FUCHS, LAWRENCE M  
 590 ROYAL PALM BEACH BLVD.  
 ROYAL PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input type="checkbox"/> Delete <b>SWEENEY, TOM</b> <b>2054 WAX MYRTLE CT.</b> <b>ORANGE PARK FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input checked="" type="checkbox"/> Delete <b>SWEENEY, JEAN</b> <b>2054 WAX MYRTLE CT.</b> <b>ORANGE PARK FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SWEENEY, TOM F.</b> <b>8669 SE 141st PLACE</b> <b>SUMMERFIELD FL 34491</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SWEENEY, TOM H.</b> <b>2054 WAX MYRTLE CT.</b> <b>ORANGE PARK FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ORLANDO, JEFF P.</b> <b>8665 PAGE CT.</b> <b>JACKSONVILLE FL 32220</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR SECRETARY</b> <b>ORLANDO, ROBIN L.</b> <b>8665 PAGE CT.</b> <b>JACKSONVILLE FL. 32220</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tom Sweeney 4-30-01 904-356-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)