


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90221 006 ***150.00

DOCUMENT # P00000038590

1. Entity Name
TOM SWEENEY, INC.



Principal Place of Business
3747 OLD KINGS RD.
JACKSONVILLE FL 32254

Mailing Address
P.O. BOX 6249
JACKSONVILLE FL 32236

2. Principal Place of Business
2751 Hwy 17-92 W

3. Mailing Address
2751 Hwy 17-92

Suite, Apt. #, etc.

City & State
Haines City Fl

City & State
Haines City Fl

4. FEI Number
59-3639152

Applied For
Not Applicable

Zip Country Zip Country
33844 USA 33844 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME DP SWEENEY, TOM
STREET ADDRESS 8669 SE 141ST PLACE
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE Change Addition
NAME Tom Sweeney
STREET ADDRESS 26747 Cash Ct
CITY-ST-ZIP Leesburg Fl 34748

TITLE Delete
NAME PD SWEENEY, TOM H
STREET ADDRESS 2054 WAX MYRTLE COURT
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE Change Addition
NAME Tom H Sweeney
STREET ADDRESS 2600 Lucerne Park Rd #502
CITY-ST-ZIP Winter Haven Fl 33881

TITLE Delete
NAME VPD ORLANDO, JEFF P
STREET ADDRESS 8665 PAGE COURT
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE Change Addition
NAME Jeff P Orlando
STREET ADDRESS 37 E Ridge Dr
CITY-ST-ZIP Haines City Fl 33844

TITLE Delete
NAME SD ORLANDO, ROBIN L
STREET ADDRESS 8665 PAGE COURT
CITY-ST-ZIP JACKSONVILLE FL 32220

TITLE Change Addition
NAME Robin L Orlando
STREET ADDRESS 37 E Ridge Dr
CITY-ST-ZIP Haines City Fl 33844

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Orlando **SIGNATURE REQUIRED** Robin Orlando 1/10/03 863-419-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)