

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 13, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000052841**1. Entity Name  
MALCOLM TUCKER & ASSOCIATES, INC.Principal Place of Business  
2075 N. HIGHLAND AVE., APT. A11Mailing Address  
2075 N. HIGHLAND AVE., APT. A11

CLEARWATER FL 33755

CLEARWATER FL 33755

2. Principal Place of Business  
2075 N. HIGHLAND AVE.,3. Mailing Address  
2075 N. HIGHLAND AVE.,Suite, Apt. #, etc.  
#A11Suite, Apt. #, etc.  
#A11City & State  
CLEARWATER FLCity & State  
CLEARWATER FLZip Country  
33755Zip Country  
337554. FEI Number  
59-3651749Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

TUCKER VERONICA C  
2075 N. HIGHLAND AVE., APT. A11

CLEARWATER FL 33755

## 7. Name and Address of New Registered Agent

Name  
TUCKER VERONICA CStreet Address (P.O. Box Number is Not Acceptable)  
2075 N. HIGHLAND AVE.,

#A11

City CLEARWATER FL Zip Code 33755

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 \_\_\_\_\_ 04/13/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER SEAN A	
STREET ADDRESS	2075 N HIGHLAND AVE., #A11	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER NEIL R	
STREET ADDRESS	507 SPANISH TRACE DR.	
CITY-ST-ZIP	ALTAMONT SPRINGS FL 32714	
TITLE	O/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER VERONICA CP/CEO	
STREET ADDRESS	2075 N HIGHLAND AVE., #A11	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Veronica C. Tucker

P/CE 04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)