

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

0112033 AT

DOCUMENT # P00000083826

1. Entity Name
SHORT CALL, INC.

08-21-2001 90009 003 ***550.00

Principal Place of Business
5675 HWY 90, STE. H
MILTON FL 32583

Mailing Address
5675 HWY 90, STE. H
MILTON FL 32583



2. Principal Place of Business

3. Mailing Address

5675 Hwy 90 Suite H

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

H

same

City & State
Milton FL

City & State

Zip
32583

Zip

Country

Country

4. FEI Number

59-3667894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOMEY, II, GARY R
5675 HWY 90, STE. H
MILTON FL 32583

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

Scott R Tomey

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. ☐

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **CO-owner**
STREET ADDRESS **Todd Bond**
CITY-ST-ZIP **240 W. Lisa DR Pearl MS 39208**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CO-owner**
STREET ADDRESS **Gary Tomey**
CITY-ST-ZIP **6301 S. 1st DR Milton FL 32570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CO-owner**
STREET ADDRESS **Scott Tomey**
CITY-ST-ZIP **5506 Wesley DR Milton FL 32583**

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

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TITLE ☐ Change ☐ 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:

Scott R Tomey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)