

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90108 047 ***150.00

DOCUMENT # P00000116104

1. Entity Name
TUCKETT & TUCKETT, INC.

Principal Place of Business
3837 TURTLE RUN BLVD APT 2533
CORAL SPRINGS FL 33067

Mailing Address
3837 TURTLE RUN BLVD APT 2533
CORAL SPRINGS FL 33067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6800 NW 39TH AVE

3. Mailing Address
6800 NW 39TH AVE

Suite, Apt. #, etc.
369

Suite, Apt. #, etc.
369

City & State
COCONUT CREEK FL

City & State
COCONUT CREEK FL

4. FEI Number
65-1065377

Applied For
☐ Not Applicable

Zip
33073

Country
U.S.A

Zip
33073

Country
U.S.A

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

6. Name and Address of Current Registered Agent
TUCKETT, MARCIA A
3837 TURTLE RUN BLVD APT 2533
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
Name
TUCKETT, MARCIA A
Street Address (P.O. Box Number is Not Acceptable)
6800 NW 39TH AVE #369
City
COCONUT CREEK FL Zip Code
33073

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 *Marcia Tuckett*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-24-01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKETT, MARCIA A 3837 TURTLE RUN BLVD APT 2533 CORAL SPRINGS FL 33067 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCKETT, JASON W 3837 TURTLE RUN BLVD APT 2533 CORAL SPRINGS FL 33067 <input checked="" 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
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	TUCKETT, MARCIA A <input type="checkbox"/> Change <input type="checkbox"/> Addition 6800 NW 39TH AVE #369 COCONUT CREEK FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TUCKETT, JASON W <input type="checkbox"/> Change <input type="checkbox"/> Addition 6800 NW 39TH AVE #369 COCONUT CREEK FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Marcia Tuckett* **MARCIA TUCKETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-01 536-6869
Date Daytime Phone #

CR2E034 (10/00)