

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90261 016 ***158.75

DOCUMENT # P01000006051

1. Entity Name
ILLUM ENTERPRISES, INC.

DBA. Tom ILLum
Auto Serv. & Repair



Principal Place of Business
1680 TILLEY AVE UNIT H-1
CLEARWATER FL 33756

Mailing Address
10429 110TH STREET NORTH
SEMINOLE FL 33778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3694581

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ILLUM, DESIREE Z
1680 TILLEY AVE UNIT H-1
CLEARWATER FL 33756

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

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

(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 DPT
NAME ILLUM, THOMAS E
STREET ADDRESS 10429 110TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE owner-President-Treasurer
NAME Desiree Z. ILLum
STREET ADDRESS 10429 110th St N.
CITY-ST-ZIP Seminole, Fla. 33778 ☒ Change ☐ Addition

TITLE DVS
NAME ILLUM, DESIREE Z
STREET ADDRESS 10429 110TH STREET NORTH
CITY-ST-ZIP SEMINOLE FL 33778 ☐ Delete

TITLE owner-Vice.Pres.
NAME Thomas E. ILLum
STREET ADDRESS 10429 110th St. N.
CITY-ST-ZIP Seminole, Fla. 33778 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Desiree Z. ILLum 2/10/03 727584-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)