

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90378 037 ***150.00

DOCUMENT # P01000024160

1. Entity Name
TIMMONS & TIMMONS, INC.

Principal Place of Business PO BOX 235
 BROOKSVILLE FL 34605

Mailing Address PO BOX 235
 BROOKSVILLE FL 34605



DO NOT WRITE IN THIS SPACE

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

59-3716610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMMONS, HARRY P SR.
9456 WALLIEN DRIVE
BROOKSVILLE FL 34601

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

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.
 (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME TIMMONS, HARRY P SR
STREET ADDRESS 9456 WALLIEN DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE D ☐ Delete
NAME TIMMONS, MARY TERESA
STREET ADDRESS 9456 WALLIEN DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE D ☐ Delete
NAME TIMMONS, LISA
STREET ADDRESS 9456 WALLIEN DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE D ☐ Delete
NAME TIMMONS, HARRY P JR
STREET ADDRESS 10024 WEEKS DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE D ☐ Delete
NAME TIMMONS, CINTHIA
STREET ADDRESS 10024 WEEKS DRIVE
CITY-ST-ZIP BROOKSVILLE FL 34601

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

352-796-0047

Daytime Phone #

CR2E034 (9/01)