

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

0508667 AV

DOCUMENT # **P02000079475**

1. Entity Name  
**TOMMY'S ENTERPRISES, INC.**



04-22-2003 90070 044 \*\*\*158.75

Principal Place of Business  
**4725 SCHOONER DR  
LAKE WALES FL 33859**

Mailing Address  
**PO BOX 1228  
LAKE WALES FL 33859-1228**



2. Principal Place of Business  
**4725 SCHOONER AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1228**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**LAKE WALES, FL.**  
Zip  
**33859-6066** Country  
**FL**

City & State  
**LAKE WALES, FL.**  
Zip  
**33859-6228** Country  
**FL**

4. FEI Number  
**16-1618605**  
Applied For  
☐ Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KIRKLAND, CLOVIS J  
4725 SCHOONER DR  
LAKE WALES FL 33859**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Clovis J. Kirkland* **4-14-03** **863-539-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)