

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2000 8:00 am  
Secretary of State

04-11-2000 90227 024 \*\*\*150.00

DOCUMENT # P94000001723

1. Entity Name

TOM INGRAM, INC.

Principal Place of Business

1270 EDENVILLE AVE.  
CLEARWATER FL 34624

Mailing Address

1270 EDENVILLE AVE.  
CLEARWATER FL 33764-4950

2. Principal Place of Business

7627 ROYCROFT DR.  
Suite, Apt. #, etc.

3. Mailing Address

7627 ROYCROFT DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Port + Richey, FL

City & State

New Port + Richey, FL

4. FEI Number

59-3218172

Applied For

Not Applicable

Zip

34654

Country

USA

Zip

34654

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATKINS, CARL T  
7345 JACKSON SPRINGS ROAD, #3  
TAMPA FL 33634

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.

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	INGRAM, THOMAS M	
STREET ADDRESS	1270 EDENVILLE AVE.	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Thomas M Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 2000 727-418-1172  
Date Daytime Phone #

CR2E034 (9/99)