

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000075403**

1. Entity Name

TIMMONS AND ASSOCIATES, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90109 026 ***150.00

Principal Place of Business

Mailing Address

2739 TAYLOR STREET
ORLANDO FL 32806
US**2739 TAYLOR STREET**
ORLANDO FL 32806
US

L0000774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3270220**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NORRIS, DAVID T
516 E. ESTHER STREET
ORLANDO FL 32806

Name

NORRIS, DAVID T

Street Address (P.O. Box Number is Not Acceptable)

2739 TAYLOR ST

City

ORLANDO**FL**

Zip Code

32806

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|-----------------|----------------------|------------------|---------------------------------|-------|-----------------|----------------|-------------------|--|
| P | NORRIS, DAVID T | 516 E. ESTHER STREET | ORLANDO FL 32806 | <input type="checkbox"/> Delete | P | NORRIS, DAVID T | 2739 TAYLOR ST | ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP | NORRIS, MICHELE | 516 E. ESTHER STREET | ORLANDO FL 32806 | <input type="checkbox"/> Delete | VP | NORRIS, MICHELE | 2739 TAYLOR ST | ORLANDO, FL 32806 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Delete | | | | | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID T. NORRIS

Date

1/10/01

Daytime Phone #

407 649-9200