

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097165

1. Entity Name

THE T. ACKERMAN COMPANY

Principal Place of Business

5473 27TH ST SOUTH
#85
SAINT PETERSBURG FL 33712

Mailing Address

704 JACKSON ROAD
ANDERSON SC 29626

2. Principal Place of Business

8695 118TH ST. N

3. Mailing Address

Suite, Apt. #, etc.

City & State

SEMINOLE, FL

City & State

Zip

33772

Country

PINELLAS

Country

4. FEI Number 65-0626888

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SLINN, THOMAS A
5473 27TH STREET SOUTH
#85
SAINT PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name SLINN, THOMAS A
Street Address (P.O. Box Number is Not Acceptable)
8695 118TH STREET NORTH
City SEMINOLE FL Zip Code 33772

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 THOMAS A. SLINN

(NOT a Registered Agent signature required when reinstating)

4/29/01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SLINN, THOMAS A	
STREET ADDRESS	5473 27TH ST SOUTH #85	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLINN, THOMAS A	
STREET ADDRESS	8695 118TH ST. N	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 A. SLINN

4/29/01 727-395-9869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90387 044 ***158.75

00053907



DO NOT WRITE IN THIS SPACE