

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016340

1. Entity Name

TUBBS ENTERPRISES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 016 ***150.00

Principal Place of Business

NORTH LAUREL OAK DRIVE
FL 32955

Mailing Address

1802 NORTH LAUREL OAK DRIVE
ROCKLEDGE FL 32955-3412

2. Principal Place of Business

1304 Avalon Dr
Suite, Apt. #, etc.

3. Mailing Address

1304 Avalon Dr
Suite, Apt. #, etc.

City & State

Rockledge, FL
Zip 32955 Country USA

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Rockledge, FL
Zip 32955 Country USA

4. FEI Number

59-3360938

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICK TUBBS
1802 N. LAUREL OAK DRIVE
SUITE 317
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

PATRICK TUBBS

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

1304 AVALON DR

City

ROCKLEDGE, FL

FL

Zip Code

32955

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

Patrick Tubbs
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

2-29-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TUBBS, PATRICK A	1802 NORTH LAUREL OAK DRIVE	ROCKLEDGE FL 32955	<input type="checkbox"/>
VP	THOMAS, THOMAS R.	758 N. GRETNA CT.	WINTER SPRINGS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Patrick Tubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK TUBBS

2-29-00

Date

321-637-6799

Daytime Phone #

CR2E034 (9/99)