## ./2001 UNIFORM BUSINESS REPORT (UBR) Feb 15, 2001 8:00 am DOCUMENT # P96000024488 Secretary of State 1. Entity Name 02-15-2001 90036 006 \*\*\*150.00 TUCK PROPERTIES, INC. Principal Place of Business Mailing Address 1951 TWIN BRIDGE CIRCLE 1951 TWIN BRIDGE CIRCLE OCALA FL 34471 OCALA FL 34471 623396 2. Principal Place of Business 3. Mailing Address 22/0 SE Suite, Apt. #, etc. 12 R T 2210SE154 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3368753 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUCK, WILLIAM H SR Street Address (P.O. Box Number is Not Acceptable) 1951 TWIN BRIDGE CIRCLE 2210 SE 154 St OCALA FL 34471 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3R2E034 (10/00) TITLE ☐ Delete TITI F TUCK, WILLIAM H SR NAME NAME 22105E 15 \$5. STREET ADDRESS STREET ADDRESS 1951 TWIN BRIDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34471** Change TITLE ☐ Delete TITLE TUCK, GAIL B NAME NAME 2210 SE 154 St. STREET ADDRESS STREET ADDRESS 1951 TWIN BRIDGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 TITLE. Delete... Addition TUCK, WILLIAM H NAME NAME STREET ADDRESS STREET ADDRESS 2334 S E 14TH ST CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34471** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PRICE, VIVIAN T NAME STREET ADDRESS STREET ADDRESS 711 SE 24TH TERRACE CITY-ST-7IP CITY-ST-ZIP OCALA FL 34471 TITLE ☐ Delete ☐ Change Addition TITLE NAME TUCK, DAVID A NAME STREET ADDRESS STREET ADDRESS 555 SE 15TH TERRACE CITY-ST-ZIP CITY-ST-7IP OCALA FL 34471 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 attachm nt with an address, with all other like empowered

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