FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2005 8:00 am
Secretary of State
05-23-2005 90006 029 ***150.00

DOCUMENT # P96000091315

1. Entity Name
Tom & Jerry's, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Tom + Jerry Inc		1509 5th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Immokalee FL		City & State: Immokalee FL	
Zip: 34142	Country: Collier	Zip: 34142	Country: Collier

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3412916 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Patrice Patterson
Street Address (P.O. Box Number is Not Acceptable): 1509 5th Ave
City: Immokalee FL Zip Code: 34142

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE: [signature] 5-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas Patterson President 1021 Palm Dr Immokalee FL 34142
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Patrice Patterson Secr / Treas 1021 Palm Dr Immokalee FL 34142
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #