2001 UNIFORM BUSINESS REPORT (UBR)

0039158

FILED
Jan 23, 2001 8:00 am
Secretary of State
01-23-2001 90063 025 ***150.00

DOCUMENT # P97000108341

1. Entity Name
T. M. DALRYMPLE INC.

Principal Place of Business	Mailing Address
3937 NW 23RD DRIVE GAINESVILLE FL 32605-1600 1039 NE 3rd St Gainesville, FL 32601	3937 NW 23RD DRIVE GAINESVILLE FL 32605-1600 1039 NE 3rd St Gainesville, FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1039 NE 3rd St		1039 NE 3rd St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gainesville, FL		City & State: Gainesville, FL	
Zip: 32601	Country: Alachua	Zip: 32601	Country: Alachua

4. FEI Number 59-3481514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

32601
DALRYMPLE, TIMOTHY M
3937 NW 23RD DRIVE
GAINESVILLE FL 32605-1600

7. Name and Address of New Registered Agent

Name: DALRYMPLE
Street Address (P.O. Box Number is Not Acceptable): 1039 NE 3rd St
City: Gainesville FL Zip Code: 32601

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] 1/5/2001
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 State

10. 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	D DALRYMPLE, TIMOTHY M 3937 NW 23RD DRIVE GAINESVILLE FL 32605-1600	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DALRYMPLE, Timothy M 1039 NE 3rd St Gainesville, FL 32601	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 1/5/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #