

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061955

1. Entity Name

TOM & JERRY ENTERPRISES, INC.

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90007 003 \*\*\*150.00

Principal Place of Business

Mailing Address

2001 DREW STREET  
CLEARWATER FL 33765

2001 DREW STREET  
CLEARWATER FL 33765-3116

2. Principal Place of Business

3. Mailing Address

2001 Drew St

2001 Drew St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CLW. FL.

CLW. FL.

4. FEI Number

59-3522482

Applied For

Not Applicable

Zip

Country

Zip

Country

33765

U.S.A.

33765

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

James Wright

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

9250 Brindwood Dr.

City

Odessa

FL

Zip Code

33556

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WRIGHT, JAMES R  
STREET ADDRESS 2001 DREW STREET  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME BARBER, RICHARD D  
STREET ADDRESS 2001 DREW STREET  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME WRIGHT, JERRY L  
STREET ADDRESS 2001 DREW STREET  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME WRIGHT, TOM R  
STREET ADDRESS 2001 DREW STREET  
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)