

# 2001 UNIFORM BUSINESS REPORT (UBR)

0092133 AV

**DOCUMENT # P98000061955**

1. Entity Name - **TOM & JERRY ENTERPRISES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 15 PM 2:11

Principal Place of Business  
**2001 DREW STREET  
CLEARWATER FL 33765**

Mailing Address  
**2001 DREW STREET  
CLEARWATER FL 33765**



**REINSTATEMENT**  
DO NOT WRITE IN THIS SPACE **01**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3522482**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**WRIGHT, JAMES  
9250 BRINDLWOOD DR  
ODESSA FL 33556**

Name **Jerry L. Wright**  
Street Address (P.O. Box Number is Not Acceptable)  
**100 HAMPTON Rd. # 65**  
City **Clearwater** FL Zip Code **33759**

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 Jerry Wright Sec 10-11-01  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, JAMES R</b>	
STREET ADDRESS	<b>2001 DREW STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>BARBER, RICHARD D</b>	
STREET ADDRESS	<b>2001 DREW STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, JERRY L</b>	
STREET ADDRESS	<b>2001 DREW STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, TOM R</b>	
STREET ADDRESS	<b>2001 DREW STREET</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**900004652673**  Change  Addition  
**-10/25/01--01028--009**  
**\*\*\*750.00 \*\*\*750.00**

*10/10/01*

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: Jerry Wright President 10/15/01 (727) 443-4540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)