

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061955

1. Entity Name  
TOM & JERRY ENTERPRISES, INC.

Principal Place of Business Mailing Address  
2001 DREW STREET 2001 DREW STREET  
CLEARWATER FL 33765 CLEARWATER FL 33765--

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3522482 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WRIGHT, JERRY L  
100 HAMPTON RD #65  
CLEARWATER FL 33759

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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: *[Signature]* DATE: *[Date]*  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED  
Jan 09, 2002 8:00 am  
Secretary of State

01-09-2002 90017 040 \*\*\*150.00

000411



DO NOT WRITE IN THIS SPACE

MAF0291 AV

CR2E034 (9/01)