

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90030 014 ***150.00

DOCUMENT # P98000076299

1. Entity Name
TOMMY GUNN, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 7741 N.W. 45TH CT. 7741 N.W. 45TH CT.
 LAUDERHILL FL 33351 LAUDERHILL FL 33351-5749

2. Principal Place of Business 3. Mailing Address
3301 NW 96 WAY **3301 NW 96 WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
SUNRISE FL **SUNRISE FL**
 Zip Country Zip Country
33351 **33351** **FL** **FL**

4. FEI Number Applied For
65-0869846 Not Applicable

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

6. Name and Address of Current Registered Agent
POWELL, BRANDINE E ESQ.
4600 W. COMMERCIAL BLVD., STE. 6
FT. LAUDERDALE FL 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STRADA, THOMAS	
STREET ADDRESS	7741 N.W. 45TH CT.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRADA, THOMAS		
STREET ADDRESS	3301 NW 96 WAY		
CITY-ST-ZIP	SUNRISE FL 33351		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Tom Strada* **REQUIRED TOM STRADA** Date: 4/25/2000 Daytime Phone #: 578 4068 ⁽⁹⁵⁸⁾

C.F. 014 (9/99)