

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003849

1. Entity Name

TOMMY R UPTON ENTERPRISES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90009 041 ***150.00

Principal Place of Business

816 PINE MEADOW ROAD
ORLANDO FL 32825

Mailing Address

816 PINE MEADOW ROAD
ORLANDO FL 32825-8074

2. Principal Place of Business

8638 DRAYTON CT
Suite, Apt. #, etc.

3. Mailing Address

8638 DRAYTON CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3549912

Applied For

Not Applicable

Zip

32825

Country

ORANGE

Zip

32825

Country

ORANGE

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

PAUGH, JAMES T
816 PINE MEADOW ROAD
ORLANDO FL 32825

Name

Tommy R. UPTON

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

8638 DRAYTON CT

City

ORLANDO

FL

Zip Code

32825

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

Tommy R. Upton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-2000

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	<input type="checkbox"/> Delete
NAME	UPTON, TOMMY R	
STREET ADDRESS	816 PINE MEADOW RD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PAUGH, JAMES T	
STREET ADDRESS	816 PINE MEADOW ROAD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8638 DRAYTON CT.	
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

1-18-2000 407/273-025*

CR2034 (9/99)