

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 026 ***150.00

DOCUMENT # P99000020791

1. Entity Name

Tom Pelfrey and Associates, Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

805 James Lee Road
Suite, Apt. #, etc.

3. Mailing Address

805 James Lee Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

4. FEI Number

593568589

Applied For

Not Applicable

Zip

32547

Country

Zip

32547

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Pelfrey, Thomas E.

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

805 James Lee Road

City

Fort Walton Beach

FL

Zip Code

32547

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Pelfrey, Thomas E.
729 Revere Avenue
Fort Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PELFREY, Billie L.
729 Revere Avenue
Fort Walton Beach, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Pelfrey
President

4/23/02

850-862-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/01)