2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000030531**

1. Entity Name
T & L ENTERPRISES, INC.

Principal Place of Business	Mailing Address
37490 GULF BREEZE PKWY	37490 GULF BREEZE PKWY
GULF BREEZE FL	GULF BREEZE FL
32561	32561

2. Principal Place of Business	3. Mailing Address
3749 GULF BREEZE PKWY	3749 GULF BREEZE PKWY
Suite, Apt. #, etc.: SUITE D	Suite, Apt. #, etc.: SUITE D
City & State: GULF BREEZE FL	City & State: GULF BREEZE FL
Zip: 32561 Country:	Zip: 32561 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3574860** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OAYNE WENDY L
3749 D GULF BREEZE PKWY
GULF BREEZE FL
32521

7. Name and Address of New Registered Agent

Name: DONNELLY LUCY R
Street Address (P.O. Box Number is Not Acceptable): 3749 D GULF BREEZE PKWY
City: GULF BREEZE **FL** Zip Code: 32561

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 **LUCY R. DONNELLY** 04/30/2001
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 $150.00
After MAY 1, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS CALHOUN AMY A 3749 D. GULF BREEZE PKWY GULF BREEZE FL 32561	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PAYNE WENDY L 6800 TIM KING BAYOU RD GULF BREEZE FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES DONNELLY LUCY R 1001 KNOWLES AVE PENSACOLA FL 32503	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Lucy R. Donnelly Pres 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #