

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035644

1. Entity Name

TIM & TRICIA ENTERPRISES, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90094 022 \*\*\*150.00

Principal Place of Business

5333 GULF DRIVE NORTH  
 HOLMES BEACH FL 34218

Mailing Address

5333 GULF DRIVE NORTH  
 HOLMES BEACH FL 34217-1742

2. Principal Place of Business

5333 GULF DR. N

Suite, Apt. #, etc.

Holmes Beach FL

City & State 34218

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0913196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SCHWETER, PATRICIA A  
 5333 GULF DRIVE NORTH  
 HOLMES BEACH FL 34218

7. Name and Address of New Registered Agent

Name

PATRICIA A. SCHWETER

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

5333 GULF DR. N

City Holmes Beach FL Zip Code 34218

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) ☐

**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 D  
 NAME SCHWETER, TIMOTHY S  
 STREET ADDRESS 5333 GULF DRIVE NORTH  
 CITY-ST-ZIP HOLMES BEACH FL 34218

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
 NAME PATRICIA SCHWETER  
 STREET ADDRESS 5333 GULF DR. N  
 CITY-ST-ZIP HOLMES BEACH FL 34218

TITLE  
 NAME  
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 CITY-ST-ZIP

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-00 941-920-1775

Date

Daytime Phone #

CF REC 4 (9/97)