

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038669

1. Entity Name

LARKIN & LARKIN, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90150 032 ***150.00

Principal Place of Business

37749 SOUTHVIEW AVENUE
DADE CITY FL 33525

Mailing Address

37749 SOUTHVIEW AVENUE
DADE CITY FL 33525

2. Principal Place of Business

39721 Santa Gertrudis Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1747
Suite, Apt. #, etc.

City & State

DADE City FL

City & State

DADE City FL

Zip

33525

Country

USA

Zip

33526

Country

USA

4. FEI Number

59-3578812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARKIN II, JON S
37749 SOUTHVIEW AVE
DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Jon S Larkin

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

39721 Santa Gertrudis Dr

City

DADE City 2

FL

Zip Code

33525

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, 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

TITLE **DPC** ☐ Delete
NAME **LARKIN, JON S II**
STREET ADDRESS **37749 SOUTHVIEW AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **D** ☒ Delete
NAME **LARKIN, JON S III**
STREET ADDRESS **37749 SOUTHVIEW AVENUE**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

813-713-2704

Daytime Phone #

CR2E034 (10/00)