

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90046 007 \*\*\*150.00

**DOCUMENT # P99000069464**

1. Entity Name

**TOM SAVAGE, INC.**

Principal Place of Business

**327 NW 23RD AVENUE  
 FIVE  
 GAINESVILLE FL 32609**

Mailing Address

**9521 SW 32ND LANE  
 GAINESVILLE FL 32608**

2. Principal Place of Business

**6910 WEST WIND AVE  
 Suite, Apt. #, etc.  
 # 3**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**GAINESVILLE, FL**

City & State

Zip

**32607**

Country

**USA**

Country

4. FEI Number

**65-1006582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RIDDLE, B. DOUGLAS  
 327 NW 23RD AVENUE  
 FIVE  
 GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **Riddle, B. Douglas**  
 Street Address (P.O. Box Number is Not Acceptable)  
**97 MATANZAS AVE.  
 CRESCENT BEACH  
 City ST. AUGUSTINE FL Zip Code 32084**

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

*B. Douglas Riddle*

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, 2002 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 **P** ☐ Delete  
 NAME **RIDDLE, B. DOUGLAS**  
 STREET ADDRESS **9521 SW 32ND LANE**  
 CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE **VP** ☐ Delete  
 NAME **JENKINS, TOM**  
 STREET ADDRESS **97 MATANZAS AVE**  
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32084**

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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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)