

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 026 ***150.00

DOCUMENT # P99000069464

1. Entity Name
TOM SAVAGE, INC.



Principal Place of Business
6910 WEST UNIV AVE
#3
GAINESVILLE FL 32607
US

Mailing Address
9521 SW 32ND LANE
GAINESVILLE FL 32608

2. Principal Place of Business

97 MATANZAS AVE

3. Mailing Address

97 MATANZAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE FL

City & State

ST AUGUSTINE FL

4. FEI Number

65-1006582

Applied For

Not Applicable

Zip

32080

Country

USA

Zip

32080

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDDLE, B. DOUGLAS
97 MATANZAS AVE
CRESCENT BEACH
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

THOMAS A JENKINS

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

97 MATANZAS AVE

City

ST AUGUSTINE

FL

Zip Code

32080

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ **Change** ☐ **Addition**
NAME **THOMAS A. JENKINS**
STREET ADDRESS **97 MATANZAS AVE.**
CITY-ST-ZIP **ST AUGUSTINE, FL 32080**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS A. JENKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)