

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86013

1. Entity Name
TOM LARKIN & ASSOCIATES INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90058 030 ***150.00

Principal Place of Business

202 CRANE
CLEARWATER FL 34624

Mailing Address

202 CRANE
CLEARWATER FL 34624

2. Principal Place of Business

1100 S. BELCHER ROAD

Suite, Apt. #, etc.

740

City & State

Largo, FL

Zip

33771

Country

U.S.A.

3. Mailing Address

1100 S. BELCHER ROAD

Suite, Apt. #, etc.

740

City & State

Largo, FL

Zip

33771

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3092804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARKIN, THOAMS J.
202 CRANE
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

Name

LARKIN, THOMAS J.

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

1100 S. BELCHER ROAD # 740

City

Largo, FL

33771

FL

Zip Code

33771

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	D	<input type="checkbox"/> Delete
NAME	LARKIN, THOMAS J.	
STREET ADDRESS	202 CRANE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-536 9587

Date 1-26-01 Daytime Phone #

CR2E034 (10/00)