

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V19719

1. Entity Name
TBM ASSOCIATES INC.

Principal Place of Business
3576 JONATHAN'S HARBOUR DR
JUPITER FL 33477
US

Mailing Address
3576 JONATHAN'S HARBOUR DR
JUPITER FL 33477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0315089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWLER, DONNA G
3576 JONATHAN'S HARBOUR DR
JUPITER FL 33477

Name

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

City

FL

Zip Code

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PS LAWLER, DONNA G
STREET ADDRESS 3576 JONATHAN'S HARBOUR DR
CITY-ST-ZIP JUPITER FL 33477

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90014 024 ***150.00



DO NOT WRITE IN THIS SPACE

0001563 AV

CR2E034 (5/01)

9-9-01 561-748-3404

ATTACHMENT



SMYTH & HAUCK, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Paul F. Smyth, CPA
Darby M. Hauck, CPA

William H. Hines, CPA
Wanda W. Bergeron, CPA
Jane E. Gravelle, CPA

Members
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

V19719
B0065226

September 4, 2001

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: TBM Associates, Inc.
FEI #65-0315089

Dear Sir or Madam:

Enclosed please find the above client's 2001 Uniform Business Report (UBR) with their check in the amount of \$150.00.

Please be advised that they did not receive your first notice and therefore we respectfully request that you accept their check for \$150.00 as timely filing for their UBR.

Thank you for your attention to this matter.

Sincerely,

SMYTH & HAUCK, P.A.

Paul F. Smyth
Certified Public Accountant

PFS/sdp
Enc.
Users/Sharon/Word/Forms/UBR letter