

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51700

1. Entity Name

FOX & ASSOCIATES, INC.

Principal Place of Business

8910 N DALE MABRY HWY  
STE 17  
TAMPA FL 33614

Mailing Address

8910 N DALE MABRY HWY  
STE 17  
TAMPA FL 33614

2. Principal Place of Business

13928 Pepperrell Dr

3. Mailing Address

13928 Pepperrell Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

USA

Zip

33624

Country

USA

4. FEI Number

59-3132142

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOX, ALLAN L.

8910 N DALE MABRY HWY  
STE 17  
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Same (Allan L. Fox)

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

13928 Pepperrell Drive

City

Tampa

FL

Zip Code

33624

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.

Allan L. Fox

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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  
NAME PD  
STREET ADDRESS FOX, JEFFREY D.  
CITY-ST-ZIP 8910 N DALE MABRY HWY  
TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME P/O  
STREET ADDRESS Fox, Jeffrey D.  
CITY-ST-ZIP 13928 Pepperrell Drive  
Tampa, FL 33624

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Jeffrey D. Fox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/01

Daytime Phone #

813.935-8899

0351165

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE