

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101699

1. Entity Name
TCBD ENTERPRISES, INC.

Principal Place of Business
13144 N DALE MABRY HWY
TAMPA FL 33624

Mailing Address
13144 N DALE MABRY HWY
TAMPA FL 33624

2. Principal Place of Business
3203 W. TAMPA Bay Blvd
Suite, Apt. #, etc.

3. Mailing Address
3203 W. TAMPA Bay Blvd
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33607
Country
USA

City & State
TAMPA, FL
Zip
33607
Country
USA

4. FEI Number

59-367-9373

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLOMON, STANFORD R
C/O SOLOMON & BENEDICT, P.A.
400 N ASHLEY PLAZA, STE 3000
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TIMOTHY LIVINGSTON, STEVEN
13144 N DALE MABRY HWY
TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIVINGSTON, BRIAN
13144 N DALE MABRY HWY
TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3203 W. TAMPA Bay Blvd.
Tampa FL 33607 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3203 W. TAMPA Bay Blvd.
Tampa FL 33607 ☒ Change ☐ Addition

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

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

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

TITLE
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:

Brian Livingston

8/1/2001

(813) 874-0633

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90026 020 ***550.00



DO NOT WRITE IN THIS SPACE

0085974 AV

CR2E034 (5/01)