

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90258 003 ***150.00

DOCUMENT # P02000035913

1. Entity Name
BEACHCOMBER TCF, INC.



Principal Place of Business
11715 LAKE CLAIR CIRCLE
CLERMONT FL 34711

Mailing Address
11715 LAKE CLAIR CIRCLE
CLERMONT FL 34711

00002796



2. Principal Place of Business
1295 W. HIGHWAY 50

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 'A'

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
CLERMONT FL.

City & State

4. FEI Number
01-0630655

Applied For
Not Applicable

Zip
34711

Country
USA

Zip

Country

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

ALLEN, DAVID
11715 LAKE CLAIR CIRCLE
CLERMONT FL 34711

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

SIGNATURE

Signature, typed or printed name of registered agent and title if 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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
NAME ALLEN, DAVID
STREET ADDRESS 11715 LAKE CLAIR CIRCLE
CITY-ST-ZIP CLERMONT FL 34711

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME ERICKSON, NILS
STREET ADDRESS 7023 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME CLAWGES, ERIC
STREET ADDRESS PO BOX 560131
CITY-ST-ZIP MONTVERDE FL 34756

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

DAVID E. ALLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/2003 352-241-8100
Date Daytime Phone #

CR2E034 (10/02)