

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90032 032 ***150.00

0474472

DOCUMENT # V23235

1. Entity Name

TCL SUBS, INC.

Principal Place of Business

Mailing Address

**2671 S WOODLAND BLVD
 DELAND FL 32720**

**2671 S WOODLAND BLVD
 DELAND FL 32720**

904300

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

59-3115607

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

**ORTIZ-SNOWDEN, SUSAN
 2529 DERBY DRIVE
 DELTONA FL 32738**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME ORTIZ, SUSAN
 STREET ADDRESS 2529 DERBY DRIVE
 CITY-ST-ZIP DELTONA FL

TITLE ☒ Change ☐ Addition
 NAME SNOWDEN, SUSAN
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☒ Delete
 NAME GALLO, CARMEN J.
 STREET ADDRESS 2502 LAWLER LN
 CITY-ST-ZIP DELTONA FL

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

TITLE V ☐ Delete
 NAME ORTIZ, TAMARA
 STREET ADDRESS 2529 DERBY DRIVE
 CITY-ST-ZIP DELTONA FL 32738

TITLE ☒ Change ☐ Addition
 NAME Napolitano, Tamara
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T ☐ Change ☒ Addition
 NAME ORTIZ, Cheryl
 STREET ADDRESS 2502 Lawler Lane
 CITY-ST-ZIP Deltona, FL 32738

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

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

SUSAN ORTIZ SNOWDEN

4/25/01

Date

904 789-5966

Daytime Phone #

CR2E034 (10/00)