

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90179 048 \*\*\*150.00

**DOCUMENT # P99000104027**

1. Entity Name

**TSC CONSULTANTS LIMITED, INC.**

**C0029503**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**ISLAND PARK PLACE** **5 ISLAND PARK PLACE**  
**407** **UNIT 407**  
**FL 34698** **DUNEDIN FL 34698**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3611999**

Applied For

Not Applicable

Zip **34698**

Country

Zip **34698**

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

**CUTCHALL, SUSAN ROGERS**  
**5 ISLAND PARK PLACE**  
**UNIT 407**  
**DUNEDIN FL 34698 34698**

Name

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

City

**FL**

Zip Code

**34698**

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 *Susan Rogers Cutchall*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/25/00

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, 2000 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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
**P- THOMAS S. CUTCHALL**  
**5 ISLAND PARK PLACE # 407**  
**DUNEDIN, FL 34698**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
**SIT- SUSAN R. CUTCHALL**  
**5 ISLAND PARK PLACE # 407**  
**DUNEDIN, FL 34698**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
 STREET ADDRESS  
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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: *Susan R. Cutchall*  
**SUSAN R. CUTCHALL**

2/25/00

Date

(727) 738-2780

Daytime Phone #

CR2E034 (9/99)