

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21575

1. Entity Name TPT Corporation

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90124 013 ***150.00

Principal Place of Business Mailing Address
777 South Flagler Drive Same
Suite 800W
West Palm Beach, FL 33401

2. Principal Place of Business c/o Truscello Foods, LLC
3. Mailing Address c/o Truscello Foods, LLC

4. City, Apt. #, etc. 7880 N.W. 62nd Street
5. City, Apt. #, etc. 7880 N.W. 62nd Street

City & State Miami, FL
City & State Miami, FL

Zip 33166-3590 Country USA
Zip 33166-3590 Country USA

4. FFI Number 52-1322582
Additional Fee Required

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

Turchan, Thomas P., Jr.
211 Eden Road
Palm Beach, FL 33480

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 if not 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, 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

TITLE	P/S/D	☐ Delete
NAME	Turchan, Thomas P., Jr.	
STREET ADDRESS	211 Eden Road	
CITY-STATE-ZIP	Palm Beach, FL 33480	
TITLE	V/D	☐ Delete
NAME	Turchan, Thomas P.	
STREET ADDRESS	253 Legendary Circle	
CITY-STATE-ZIP	Palm Beach Gardens, FL	
TITLE	T/D	☐ Delete
NAME	McCarthy, Kevin	
STREET ADDRESS	9 Serpentine Court	
CITY-STATE-ZIP	Silver Springs, MD	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete ☐ Add
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CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

4/28/00 305-592-5020