## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000018025** 1. Entity Name TCLH, INC. 04-26-2001 90252 046 \*\*\*150.00 Principal Place of Business Mailing Address US HWY 27 SOUTH P O BOX 1718 MAYO FL 32066 MAYO FL 32066 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3575786 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, LINDSEY D Street Address (P.O. Box Number is Not Acceptable) RT.2 BOX 529 MAYO FL 32066 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 (NOTF, Registered Agent's gnature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and clocts to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) Delete Addition PTD 101.5 Chance Chance TITLE NAME NAME JACKSON, LINDSEY D STREET ADDRESS STREET ADDRESS RT 2 BOX 529 CITY-ST-ZIP CITY-ST-ZIP MAYO FL 32066 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME JACKSON, HEATHER C STREET ADDRESS STREET ADDRESS RT 2 BOX 529 CITY-ST-ZIP CiTY-ST-Z:P MAYO FL 32066 TIFLE ☐ Change Acdition TITLE Delete NAM5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP C:TY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7iP CITY-ST-ZiP Change Addition ☐ Delete TITLE TITLE NAME NAM<sup>2</sup> STREET ADDRESS STREET ADDRESS C:TY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 eath; 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, Fiorida 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.

FILED