

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90344 046 ***150.00

0543847

DOCUMENT # P00000074283
 1. Entity Name
T.C.P.R., INC.

Principal Place of Business Mailing Address
713 KEY ROYALE DRIVE **713 KEY ROYALE DRIVE**
HOLMES BEACH FL 34217 **HOLMES BEACH FL 34217**

2. Principal Place of Business 3. Mailing Address
100 Bay Boulevard Suite, Apt. #, etc.

City & State City & State
Anna Maria, FL

Zip Country Zip Country
34216

4. FEI Number Applied For
65-1031797 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CONLEY, ROGER P
2401 MANATEE AVENUE WEST
BRADENTON FL 34205

7. Name and Address of New Registered Agent
 Name **Margaret Shoaf, CPA**
 Street Address (P.O. Box Number is Not Acceptable) **2100 S. Tamiami Tr.**
#200
 City **Sarasota** **FL** Zip Code **34239**

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 DATE **04-10-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete D SCHOENFELDER, MARIO 713 KEY ROYALE DRIVE HOLMES BEACH FL 34217 |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Date **04/21/01** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)