

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90139 037 ***150.00

DOCUMENT # 610746

1. Entity Name
T.P.C. ENTERPRISES, INC.



Principal Place of Business
7700 S TAMiami TRAIL
SARASOTA FL 34231
US

Mailing Address
7700 S. TAMiami TRAIL
SARASOTA FL 34231
US

2. Principal Place of Business

3870 Spyglass Hill Rd

3. Mailing Address

3870 Spyglass Hill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Florida

City & State

Sarasota Florida

Zip

34238

Country

US

Zip

34238

Country

US

4. FEI Number

59-1885049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHOYKE, TYLER V
7700 S. TAMiami TRAIL
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

3870 Spyglass Hill Rd

City

Sarasota

FL

Zip Code

34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CHOYKE, TYLER V
STREET ADDRESS 7700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ Delete
NAME CHOYKE, PAULA C
STREET ADDRESS 7700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3870 Spyglass Hill Rd
CITY-ST-ZIP Sarasota FL 34238

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3870 Spyglass Hill Rd.
CITY-ST-ZIP Sarasota FL 34238

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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

1/20/03 944 924-2464

CR2E034 (10/02)