

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657085

1. Entity Name

T-CON, INC.

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

05-09-2000 90095 043 ***150.00

Principal Place of Business

Mailing Address

% JAMES TAMPLIN
 4808 NORTH HALE AVENUE
 TAMPA FL 33614

% JAMES TAMPLIN
 4808 NORTH HALE AVENUE
 TAMPA FL 33614-6518

2. Principal Place of Business

3. Mailing Address

4810 NORTH HALE AVE

4810 NORTH HALE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 15120

City & State

City & State

Tampa, FLORIDA

Tampa, FLORIDA

Zip

Country

Zip

Country

33614

USA

33684

USA

4. FEI Number

59-1986157

Applied For

Not Applicable

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

WHITTEN, HARRY
 4808 NORTH HALE STREET
 TAMPA FL 33614

Name

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

4810 NORTH HALE AVENUE

City

Tampa

FL

Zip Code

33614

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.

(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 IN 11

TITLE PT ☐ Delete
 NAME WHITTEN, HARRY
 STREET ADDRESS 1028 WILDROSE DR
 CITY-ST-ZIP LUTZ FL 33549

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

TITLE VS ☐ Delete
 NAME WHITTEM, MARY
 STREET ADDRESS 1028 WINDROSE DR
 CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
 NAME TAMPLIN, LISA
 STREET ADDRESS 6927 WILLIAMS DR
 CITY-ST-ZIP TAMPA FL 33634

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Mary E. Whitten
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 (813) 875-0428

Date

Daytime Phone #

CR2E034 (9/99)