2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2003 8:00 am Secretary of State

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1. Entity Nam		# 759901 TCH, INC.		,					.10&1	5 022 *:	***61.25	
Principal Plac 210 MILITARY JUPITER FL 33			Mailing Address 210 MILITARY TR JUPITER FL 3345	AIL			A ISSUE PERSON		. 1	hari Bl a is Bi d	14 8 3811 18 8 1	
2. Principal P	Place of Busine	ess	3. Mailing Addre	SS								
Suite, Apt.	#, etc.		Suite, Apt. #	, etc.	-		×	CHECK HERE	IF MAKING	CHANGES		
City & Stat	te		City & State				4. FEI Number 5	9-6033967			plied For of Applicable	-
Zip		Country	Zip		Country		5. Certificate of S	tatus Desired		8.75 Add ee Require		
	5. Name a	and Address of Current	Registered Agent		=- -		-7. Name and Add	iress of New R	egistered Aq	ent .		1
					Name	60	1 L	-cC				1
VINCE, B	RADLEY TARY TRAIL			,,,,	Street Add	dress (F	P.O. Box Number is O MILITY	Not Acceptable	1	- <u></u> .	· · · · · · ·	1
	FL 33458								<u></u>			7
901 (12)	12 00 100				City	Ju	PITER-		FL	330	158	1
8. The above	named entity	submits this statement fo	r the purpose of ch	anging its rep	gistered office or re			the State of Flo	rida. I am fa	miliar with,	and accept	7
	tions of registe											1
	An	84.11km							01/28/	, .		1
	/ 'N1A											1
SIGNATURE	Signature, typed o	r printed name of registered agent :	and title if applicable.	(NOTE: Re	egistered Agent signature	required v	when reinstating)		DATE			
SIGNATURE	Signature, typed o	r printed name of registered Agent :	and title if applicable.	(NOTE: Re	egistered Agent signature	required v	when reinstating)				· · · · · · · · · · · · · · · · · · ·	
(r printed name of registered agent:	9. Ele		aign Financing		\$5.00 May Be Added to Fees			Payable		-
(FEE IS \$61.25	9. Ele Tru	ction Campa	aign Financing]	\$5.00 May Be	Florid	ke Check la Departi	Payable nent of S	State	
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12. I hereby certify that the information supplied with this filling 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 617, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

新岛北西山路 REQUIRED

01/28/03

(5%) 746 -6201 EN 241