

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001674

1. Entity Name

T.C. INDUSTRIAL ASSOCIATES, LTD.



FILED

03 JUN -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

118911 U.S. HWY. #1

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

N. PALM BEACH, FL.

City & State

4. FEI Number

55-0814696

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CONRAD J. DESANTIS, ESQ.

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

118911 U.S. HIGHWAY NUMBER ONE

City

N. PALM BEACH

FL

Zip Code

33408

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.

DATE

9. Capital Contributions
as Shown on record.

#1000

10. Amount of Capital Contributions
in FLORIDA to date.

#1000

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

\$2.50

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P02000131897
NAME T.C. INDUSTRIAL ASSOCIATES, INC.
STREET ADDRESS 3735 SHARES PL.
CITY-ST-ZIP RIVIERA BEACH, FL. 33404

STREET ADDRESS

CITY-ST-ZIP

700015025027
06/04/03--01012--007 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700015025027
04/01/03--01035--017 **52.50

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

C.E. Clark, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

C.E. CLARK, PRES. 3/19/03 561-848-6061

Date

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE