

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

DOCUMENT # F00000005232

1. Entity Name

T.L.C. Environmental Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 12 AM 10:59

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 90855

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

San Diego, CA

City & State

North Miami, FL

Zip

92169

Country

USA

Zip

33161

Country

USA

4. FEI Number

330660548

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Spring Wallace

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

865 NE 149th St.

City

North Miami

FL

Zip Code

33161

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

Spring Wallace

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

(NOTE: Registered Agent signature required when reinstating)

7-8-02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | PTD |
| NAME | Butler, Robert |
| STREET ADDRESS | 565-B Hygia Ave. |
| CITY-ST-ZIP | Egginatas, CA. 92024 |
| TITLE | VSD |
| NAME | Betschart, Bernadette |
| STREET ADDRESS | 4905 Morena Ave |
| CITY-ST-ZIP | San Diego CA. 92117 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Butler PTD

7/8/02

Date

305-562-0535

Daytime Phone

CR2E037B(12/01)