2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000921 1. Entity Name THE TRC GRP, INC. Principal Place of Business 2831 NW 41st St., Suite D Gainesville, FL 32606 Mailing Address 2831 NW 41st Street, Suite D Gainesville, FL 32606					FILED May 03, 2001 8:00 am Secretary of State 05-03-2001 90931 041 ***150.00			
								2. Principal Place of Business 2831 NW 41st St. Suite D Suite, Apt. #, etc. G. Inc. VIII. F1 32676 3. Mailing Address 2831 NW 41st S Suite, Apt. #, etc.
City & State Gainesville, FL		City & State Gainesville, FL		4	4. FEI Number 76-0547315 Applied For Not Applicab		Applied For Not Applicable	
32606	Country US	32606	Country US		Certificate of Status Desired	Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent	Nam		Name and Address of New Regi	istered Agent		
THOMPSON, C. FREDERICK 2831 NW 41st St., Suite D Gainesville, FL 32606				-	ss (P.O. Box Number is Not Acceptable)			
			City			FL Zip	Code	
8 The above r	named entity submits this statement for	the purpose of changing its	registered office	or registered an	nent or both in the State of Florid		•	
	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible	FILE NOW!!	! FEE IS \$1		einstating) 10. Election Campaign Finance	DATE Cing C	55.00 May Be	
(See criteria		After MAY 1, 200 Make Check Payabl		ent of State	Trust Fund Contribution.		dded to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete THOMPSON, C. FREDERICK			SS	DDITIONS/CHANGES TO OFFICE	ERS AND DIREC	nge Addition 234 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRES CITY-ST-ZIP	SS		☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE -NAME STREET ADDRES CITY-ST-ZIP	SS		Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	ss ;		☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	os ,		☐ Chai	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s		☐ Char	nge 🔲 Addition	
indicated o	ertify that the information supplied with I on this report or supplemental report is to oration or the receiver or trustee empoy or on an attachment with an address, w	rue and accurate and that my	v signature sha	II have the same i	legal effect as if made under oath da Statutes; and that my name ap	: that I am an off	icer or director	
SIGNATU	JRE:	MILESON, SIGNING OFFICER OF	RDIRECTOR		04/23/01 Date	352-378 Daytime Phor		