

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001249

1. Entity Name

TCR CONSTRUCTION II, INC.

FILED**May 16, 2000 8:00 am**
Secretary of State

05-16-2000 90034 015 ***150.00

C00011714



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
541 S. ORLANDO AVE. STE 210 MAITLAND FL 32751	541 S. ORLANDO AVE. STE 210 MAITLAND FL 32789-3163

2. Principal Place of Business	3. Mailing Address
201 N. New York Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country US	201 N. New York Ave. Suite, Apt. #, etc. Suite 200 City & State Winter Park, FL Zip 32789 Country US

4. FEI Number	75-2751395	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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																
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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: *Joan C Zanowick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

407-975-426

Daytime Phone #

CR2E034 (9/99)