## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**



## FILED Jan 21, 2003 8:00 am Secretary of State

TITLE TITLE TITLE TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nai		T <b>990000</b> TCALS, INC.	J1404			01-21-2003 9	0197 026 ***1:	
Surfe, Apt. #. etc.  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  NAME  Surfe, Additional Fee Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  To Name and Address of New Registered Agent  NAME  Surfer Address (P.O. Sox Numbers is Not New Registered Agent  To Name and Address of Name Registered Ag	755 JEFFERS	ON ROAD	755	JEFFERSON ROAD	1			(1 <b>82</b> (1) <b>82</b> (1) <b>88</b> (8) (18)	<b>1188/ 8</b> /11 <b>1/11</b> 148
Sulfo, Apt. #, etc.  City & Stato  Country  Coun	2. Principal	Place of Business	3. Ma	ailing Address	4ME	7: 4.			
Zip Country Zip Country S. Certificate of Sarus Desired S8.75 Additional Federal Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatio							☐ CHECK HERE	IF MAKING CHAN	GES
Signature	City & Sta	tte	Cit	City & State			/5-1984155		
Name	Zip	Country	Zip	,	Country	<u> </u>	5. Certificate of Status Desired		Additional
Signature		6. Name and Addre	ss of Current Register	ed Agent			7. Name and Address of New R	egistered Agent	
PLANTATION F. 13324	C T CORPORATION SYSTEM								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature						Street Address (P.O. Box Number is Not Acceptable)			
1. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   I am familiar with, and accept the obligations of registered agent.   In the State of Florida.   In the State of Florida accept the original accept the or	PLANIAII	.,			City			<b>E</b> ∎ Zip	Code
SIGNATURE    Signature   Signature   Signature   Signature of registered agent and size if applicable   (MOTE Registered Agent signature recurred when reinstating)   DATE	8. The above	e named entity submits th	is statement for the purp	pose of changing its	registered office	or registere	ed agent, or both, in the State of Flo		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  SIMEN CARREL  SIREE ADDRESS  CITY-ST-2P  SILOUGH BERKS FL SL-14EN  TITLE  STREET ADDRESS  CITY-ST-2P  TITLE  SOLUGH MORRIS  GARLAND, IAN R  TOTAL Delete  TITLE  DOT  TITLE  DOT  TITLE  DOT  TITLE  TOTAL DELETER ADDRESS  CITY-ST-2P  TITLE  TOTAL DELETER ADDRESS  CITY-ST-2P  TOTAL DELETER ADDRESS	_		/A			<b>→</b>			
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.				plicable. (NOTE	Registered Agent sign	ature required v	when reinstating)	DATE	
TITLE STUART, AIRBUCKLE SIREET ADDRESS CITY-ST-2IP TITLE STORMES SIREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME THORP, KEITH R THORP TITLE THORP TITLE THORP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME SIREET ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP	Afte	r May 1, 2003 Fee will	be \$550.00					, many 7	
TITLE NAME SIMON, CARMEL SIRET ADDRESS CITY-ST-ZIP  TITLE VD STUART, AIRBUCKLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHIEFT ADDRESS CITY-ST-ZIP  CHIEFT ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHIEFT ADDRESS CITY-ST-ZIP  THORP, KEITH R 755 JEFFERSON ROAD ROCHESTER NY  THORP, KEITH R 755 JEFFERSON STREET THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THORP  Delete STREET ADDRESS CITY-ST-ZIP  CHIEFT ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THE NAME STREET ADDRESS CITY-ST-ZIP  THORP STREET ADDRESS CITY-ST-ZIP  THORP STREET ADDRESS CITY-ST-ZIP  THORP Change Addition Addition Addition ADDRESS CITY-ST-ZIP  Change Addition Addition ADDRESS CITY-ST-ZIP  Change Addition Addition ADDRESS CITY-ST-ZIP  Change AD				JB6	111	-	ADDITIONIS (CHANGES TO OFFI	CEDC AND DIDEC:	FORD IN 44
NAME SIMENT ADDRESS CITY-ST-ZIP SLOUGH BERKS FL SL-14EN  VD STUART, AIRBUCKLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP			TIOCHO AND DIRECTO			A 16			
STREET ADDRESS CITY-ST-ZIP  ITILE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  ITILE MAME STREET ADDRESS CITY-ST-ZIP  ITILE MAME STREET ADDRESS CITY-ST-ZIP  ITILE  S GAIL, MORRIS GTY-ST-ZIP  ITILE MAME STREET ADDRESS CITY-ST-ZIP  COLHESTER NY  ITILE MAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP  Change Addition Additio				Detete		300	BALL ROAD	. S Char	nge [] Addition
CITY-ST-ZIP  SLOUGH BERKS FL SL-14EN  CITY-ST-ZIP  SLOUGH BERKS FL SL-14EN  CITY-ST-ZIP  VD  STREET ADDRESS  TSTUART, AIRBUCKLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SAME  GAIL, MORRIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Chief Opevating Officer  Change Addition  Addition  Addition  Addition  Addition  Addition  AME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET  ROCHESTER NY  Delete  THE  NAME  STREET ADDRESS  CITY-ST-ZIP  THORP, KEITH R  THORP  TH					_	216	Bath Malac	DIREC	TOR )
TITLE NAME STREET ADDRESS STREET ADDRESS OCHY-ST-ZIP TITLE NAME STREET ADDRESS OCHY-ST-ZIP TITLE NAME STREET ADDRESS OCHY-ST-ZIP TITLE NAME STREET ADDRESS OCHY-ST-ZIP TO Delete TITLE NAME STREET ADDRESS OCHY-ST-ZIP TO DELET THORP, KEITH R TOS JEFFERSON STREET ROCHESTER NY TO Delete TITLE NAME STREET ADDRESS OCHY-ST-ZIP TO DELET THORP, KEITH R TOS JEFFERSON STREET ROCHESTER NY TO DELET THORP THORP, KEITH R TOS JEFFERSON STREET ROCHESTER NY THE NAME STREET ADDRESS OCHY-ST-ZIP TO DELET THORP THORP THORP THORP TO DELET THORP THORP TO DELET THORP TO DELET THORP THORP TO DELET THORP TO DELET THORP THORP TO DELET THORP THORP TO DELET THORP THORP TO DELET THE THORP THE TADDRESS TO DELET THE TADDRESS TO DELET THE TADDRESS TO DELET THE THE TADDRESS TO DELET THE TADDRESS TO DELET THE THORP THE TADDRESS TO DELET THE THORP THE THO			SL-14EN			137	AEN UK .	(3.1.12	(1)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THORP, KEITH R TOS JEFFERSON STREET ROCHESTER NY  Detele TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THORP, KEITH R TOS JEFFERSON STREET ROCHESTER NY  Detele TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Detele TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del>-</del>	9.3	- 4EN WIC		
STREET ADDRESS CITY-ST-ZIP ROCHESTER NY  TILLE SALL, MORRIS GAIL, MORRIS 755 JEFFERSON ROAD ROCHESTER NY  TILLE NAME ROCHESTER NY  TILLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TILLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  Chief Operating Officer Change Addition Treasurer  Change Addition  Addition  Treasurer  Thorp, Keith R 755 JEFFERSON STREET THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  TILLE NAME THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THUE THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THORP THORP, KEITH R 755 JEFFERSON STREET CITY-ST-ZIP  THORP			:	∟ Delete		5	pelling	Char	nge
CITY-ST-ZIP ROCHESTER NY  CITY-ST-ZIP  COHESTER NY  CITY-ST-ZIP  CITY-ST-ZIP  COHESTER NY  COHES	STREET ADDRESS	755 JEEFERSON RO	ΔΠ				Arhuckla.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	ROCHESTER NY -	· . —~	السيسسمون والرادوان			AT DUCKTE		
NAME STREET ADDRESS CITY-ST-ZIP ROCHESTER NY  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TORP, KEITH R THORP, KEITH R TORP, KEITH R TORP CHESTER NY  TITLE NAME STREET ADDRESS CITY-ST-ZIP		9	. 171					- -	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP		GAIL MODDIS		□ Delete		5	spelling	LX Chan	ge
TITLE NAME STREET ADDRESS CITY-ST-ZIP			VD.				1/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			70	•			Norris		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET ROCHESTER NY  THORP, KEITH R  755 JEFFERSON STREET ROCHESTER NY  TITLE NAME STREET ADDRESS CITY-ST-ZIP					<del></del>	Clair		3000 -	<b>5</b> -2
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THORP, KEITH R  755 JEFFERSON STREET ROCHESTER NY  THORP, KEITH R  755 JEFFERSON STREET ROCHESTER NY  TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		∟i Delete		Chie	a operating over	1 Cer ☐ Chan	ige Addition
CITY-ST-ZIP  ROCHESTER NY  DCT THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THLE NAME STREET ADDRESS CITY-ST-ZIP  THUE NAME STREET ADDRESS CITY-ST-ZIP  THUE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHAnge Addition AME STREET ADDRESS CITY-ST-ZIP		,	מע				* Treasurer		
TITLE NAME STREET ADDRESS CITY-ST-ZIP THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY THURP, KEITH R 755 JEFFERSON STREET ROCHESTER NY TITLE NAME STREET ADDRESS CITY-ST-ZIP			10						
THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THORP, KEITH R 755 JEFFERSON STREET ROCHESTER NY  THUE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL  THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP, KEITH R TOTAL THORP THOR		· · · · · · ·	·		-	+			
STREET ADDRESS CITY-ST-ZIP	1			∟ Delete		1		Chan	ge 🔲 Addition
CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  COMPANIE  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP			EET			JEK	Kollorenn R.	. 1	
TITLE TITLE TITLE TITLE Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE TITLE  Change Addition  Addition			ICC (			פפר	CERREI SUIT NO	- <del></del>	
NAME STREET ADDRESS CITY-ST-ZIP STATE STAT					-	+	- 17h		
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				L_I Delete	i .			Chan-	ge 🔲 Addition
CITY-ST-ZIP CITY-ST-ZIP						1			
011 31 211	CITY-ST-ZIP						,		
12. Thereby 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 clarative shall have the cornel local affective and that my clarative shall have the cornel local affective and the same				<del>_</del> -					

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNA'D OF OR OUR SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR