Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # G27683** 1. Entity Name TB FINANCIAL, INC. 01-26-2001 90010 013 ***150.00 Principal Place of Business Mailing Address 3000 66TH STREET NORTH 3000 66TH STREET NORTH ST PETERSBURG FL 33710 ST PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2350192 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TOURTELOT, WILLIAM C Street Address (P.O. Box Number is Not Acceptable) 414-4TH AVENUE NORTH ST PETERSBURG FL 33701 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE Change Addition TOURTELOT, WILLIAM C. NAME NAME STREET ADDRESS 3000-66 ST NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TOURTELOT, WILLIAM C. NAME NAME STREET ADDRESS 3000-66 ST NORTH STREET ADDRESS CITY-ST-7IP ST PETERSBURG FL CITY-ST-ZIP VSD T/T/ F Delete TITLE Change ☐ Addition TOURTELOT, RICHARD D. NAME NAME STREET ADDRESS 3000-66 ST NORTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have port 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 using empowered to execute this report as required by Chapter 607, Florida Statutes; and that my game appears in Block 11 or Block 12 if 13. I hereby certify that the information a indicated on this report or supplement of the corporation or the receiver changed, or on an attachment