2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86332

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TFC.NET CORPORATION

Principal Place of Business Mailing Address 5706 BENJAMIN CENTER DR BENJAMIN CENTER DR SUITE 116 116 09927898 TAMPA FL 33634-5262 - FL 33634 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2840465 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN EARL MARTIN, EARL R H Street Address (P.O. Box Number is Not Acceptable) 5008 CYPRESS TRACE DR LAKE MAURINE **TAMPA FL 33624** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PST ☐ Delete TITLE MARTIN, EARL RH MARTIN, EARL R H NAME 15211 LAKE MAURINE 5008 CYPRESS TRACE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TRIMPA, FL 33556 CITY-ST-ZIP TAMPA FL TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: 🗻

☐ Delete

Addition

☐ Change

FILED

Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90011 043 ***150.00