

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90032 038 \*\*\*150.00

**DOCUMENT # J89326**

1. Entity Name  
**T-C-M ELECTRONICS, INC.**

Principal Place of Business  
**1918 BLANDING BLVD**  
**JACKSONVILLE FL 32210**  
**US**

Mailing Address  
**1918 BLANDING BLVD**  
**P O BOX 7923**  
**JACKSONVILLE FL 32210**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2841373**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**MAY, RICHARD H.**  
**431 STONE AVE.**  
**ORANGE PARK FL 32073**

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 *Richard E. Coffman*

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **P** ☐ Delete  
**COFFMAN, RICHARD E**  
 STREET ADDRESS **6454 BARTHOLF AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  
 NAME **OWNER PRES.** ☐ Change ☐ Addition  
 STREET ADDRESS **RICHARD E. COFFMAN**  
 CITY-ST-ZIP

TITLE  
 NAME **V** ☒ Delete  
**GIDCUMB, ROBERT E**  
 STREET ADDRESS **4352 VICKSBURG AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  
 NAME **RETIRED** ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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 NAME ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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: *Richard E. Coffman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-01

Date

904  
 389 9952

Daytime Phone #

CR2E034 (5/01)

Attachment A0086163

#J893240

TO: FLORIDA DEPT. OF STATE  
DIVISION OF CORP.

FROM: TCM ELECTRONICS CORP.

1918 BLANDING BLVD.

JACKSONVILLE FLORIDA 32210

To whom it may concern at your  
office

We never rec'd the original Uniform  
Business report needed by you people I  
was instructed to send you the 150\$ filing  
fee made out to the Dept. of State  
and make sure it was postmarked before  
Sept. 12. We are not sure what happened  
to the first Report but it was either lost in  
the mail, by my accountant or thrown out  
accidentally with Junk mail.

Thank You

Richard Cozman

TCM ELECTRONICS