

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90118 049 ***150.00

DOCUMENT # J99357

1. Entity Name
T C MARKETING, INC.



Principal Place of Business
**P.O. BOX 308
NAPOLEON OH 43545**

Mailing Address
**P.O. BOX 308
NAPOLEON OH 43545**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-1564665**

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

FRYMAN, JOHN

**1051 GRAND BAHAMA LANE 211 Via Emilia
SINGER ISLAND FL 33404 Palm Beach Gardens FL
33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T ☐ Delete
TITLE NAME **FRYMAN, JOHN**
STREET ADDRESS **1051 GRAND BAHAMA LANE 211 Via Emilia**
CITY-ST-ZIP **SINGER ISLAND FL Palm Beach Gardens FL 33418**

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

P ☒ Delete
TITLE NAME **HUDDLE, JAY**
STREET ADDRESS **RT 3 BOX 194**
CITY-ST-ZIP **NAPOLEON OH**

☐ Change ☒ Addition
TITLE NAME **P Richard Fryman**
STREET ADDRESS **1305 Old Orchard Drive**
CITY-ST-ZIP **Wauseon, OH 43567**

S ☐ Delete
TITLE NAME **WALKER, JEFFREY**
STREET ADDRESS **ROUTE 2**
CITY-ST-ZIP **NAPOLEON OH 43545**

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John FRYMAN 419 592-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daytime Phone #

CR2E034 (10/02)