

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K29516

1. Entity Name

TOWN SQUARE DEVELOPMENT GROUP, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90034 021 ***150.00

Principal Place of Business

% CHARLES TINDELL
406 N. WILD OLIVE DR
DAYTONA BEACH FL 32118

Mailing Address

% CHARLES TINDELL
406 N. WILD OLIVE DR
DAYTONA BEACH FL 32118

U0018664



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 69-0076003

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

TINDELL, CHARLES
406 N WILD OLIVE AVE
DAYTONA BEACH FL 32118

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 VD
NAME TINDELL, CHARLES
STREET ADDRESS 406 N. WILD OLIVE AVE
CITY-ST-ZIP DAYTONA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME ASHCRAFT, JOHN R.
STREET ADDRESS 2400 S. OCEAN DR., UNIT 4322
CITY-ST-ZIP FORT PIERCE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME JONES, TOM
STREET ADDRESS 6350 OSLO RD
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Thomas R. Jones

Thomas R. Jones

15 Feb 01

(561)

561-3766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)