FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # K53548** 1. Entity Name TGO CONSTRUCTION, INC. 04-14-2001 90013 025 ***150.00 Principal Place of Business Mailing Address 135 PLANTATION DRIVE 135 PLANTATION DRIVE TITUSVILLE FL 32780 TITUSVALLE FL 32780 3. Mailing Address 2. Principal Place of Business ろフして Po Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2923001 CocoA, F. Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32924.3767 Fee Required 6. Name and Address of Current Registered Agent Name and Address of Nam Basistaned Agent GLASS, GREGORY W Kirschenbaum, Malcolm R 1800 W HIBISCUS BLVD 516 Delannoy Ave **SUITE #138** Cocoa, FL 32922 **MELBOURNE FL 32902** 8. The above named entity submits this statement for the purpose of changing its registered office or register Malcolm R Kirschenbaum 321-632-4936 SIGNATURE Signature, typed or printed name of registery diagent and title if applicable (NOTE: Registered Agent signature required whereremstamps 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCDANIEL, LARRY NAME STREET ADDRESS 135 PLANTATION DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Addition VSTD ☐ Delete TITLE Change NAME HANSEL, LYNN NAME STREET ADDRESS STREET ADDRESS 135 PLANTATION DR. CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 PD ☐ Delete TITLE ☐ Addition TITLE SWANN, JIM NAME 516 Delannoy Ave STREET ADDRESS 135 PLANTATION DR STREET ADDRESS 32922 CocoA, FL CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 ☐ Delete TITLE ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 required 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 impowered.

LARLY MID ANISC PRES. 1-08-01 321-269-5004
OFFICER ON DIRECTOR

Date

Date

Daytime Phone #