

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0039378

**DOCUMENT # L01000014042**

1. Entity Name

**TAC INSURANCE CONSULTING, LLC**

03-13-2002 90094 047 \*\*\*\*50.00

Principal Place of Business

**22020 SYCAMORE GROVE  
 BONITA SPRINGS FL 34135**

Mailing Address

**22020 SYCAMORE GROVE  
 BONITA SPRINGS FL 34135**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**03-0383211**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONLOW, THOMAS  
 9061 LAS MADERAS DRIVE  
 BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

Name **THOMAS A. CALDWELL, JR**

Street Address (P.O. Box Number is Not Acceptable)

**22020 SYCAMORE GROVE**

City **BONITA SPRINGS FL**

Zip Code **34135**

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

*Thomas A. Caldwell*

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

(NOTE: Registered Agent signature required when reinstating)

**2/20/02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT** ☐ Delete  
 NAME **THOMAS A. CALDWELL JR**  
 STREET ADDRESS **22020 SYCAMORE GROVE**  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Change ☒ Addition  
 NAME **THOMAS A. CALDWELL JR**  
 STREET ADDRESS **22020 SYCAMORE GROVE**  
 CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Thomas A. Caldwell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/27/02 941-949-5353**

Date

Daytime Phone #

CR2E083 (9/01)