2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2001 8:00 am Secretary of State DOCUMENT # L12030 1. Entity Name TMC-3, INC. 04-07-2001 90022 023 ***150.00 Principal Place of Business Mailing Address 4601 W. KENNEDY BLVD. 4565 W KENNEDY BLVD TAMPA FL 33609 SUITE 305 UVULDJZA TAMPA. F L 33609 US 2. Principal Place of Business 3. Mailing Address 5133 W. SAN JOSE ST. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1 A m City & State City & State 4. FEI Number Applied For 59-2964997 TAMPA, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33629-6414 USA-Fee Required _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NHITMAN MCLAMORE MCLAMORE, S. WHITMAN Street Address (P.O. Box Number is Not Acceptable) 5133 W. SAN JOSE 57 4601 WEST KENNEDY BLVD. SUITE 305 **TAMPA FL 33609** City TAMPA Zip Code 8. The above named patity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida S. WHITMAN MCLAMORE SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) ☐ Change TITI F TITLE ☐ Delete MCLAMORE, S. WHITMAN NAME NAME TAMPA, FL 4601-W-KENNEDY-BLVD: STE 305-STREET ADDRESS W. SAN JOSE ST. STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition MCLAMORE, LAUREN B. NAME NAME 4601-W. KENNEDY BLVD: STE 305 TAMPA, FZ 33629 STREET ADDRESS STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-7IP TITLE: Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS 2110 STREET ADDRESS 医氯磺酸异丙二酰甲 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CiTY-ST-ZIP · · · · 13. I hereby certify that the information supplied with this filling 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.

S. WHITMAN MYAMORE

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

01-02.01