

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032127 SP

**DOCUMENT #** L99000000607  
**1. Entity Name**  
**TOTAL CONVENIENCE WORKS, LC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 MAR -2 PM 2: 05

**Principal Place of Business**      **Mailing Address**  
 4630 S. KIRKLAND ROAD. #451      4630 S. KIRKLAND ROAD. #451  
 ORLANDO FL 32811      ORLANDO FL 32811



**2. Principal Place of Business**      **3. Mailing Address**  
 24630 S. KIRKMAN RD      SAME  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 STE 604  
 City & State      City & State  
 ORLANDO FL  
 Zip      Country      Zip      Country  
 32811      ORANGE

DO NOT WRITE IN THIS SPACE  
 58-00-170600-31-7

**6. Name and Address of Current Registered Agent**  
 TORMEY, DENISE  
 4630 S. KIRKMAN ROAD, #451  
 ORLANDO FL 32811

**4. FEI Number**      **Applied For**  
 APPLIED FOR      ☒ Not Applicable  
**5. Certificate of Status Desired**      ☐ \$5.00 Additional Fee Required

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable.      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MR. KEVIN C. TORMEY 57 SYLVAN RD. ROTCHESTER NY 10573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003819887--8 -03/09/01--01014--010 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**  
 1/28/01      407-876-1952      Date      Daytime Phone #

CR2E083 (11/00)