2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -3 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000003 1

DOCUMENT # L99000005061

1. Entity Name
TCM CONSULTING, L.L.C.

Principal Place of Business
1786 CHALLEN AVENUE #6
JACKSONVILLE FL 32205

Mailing Address
1786 CHALLEN AVENUE #6
JACKSONVILLE FL 32205-8528

2. Principal Place of Business
1757 Oleander Place
Suite, Apt. #, etc.
City & State: Jacksonville, Florida
Zip: 32210 Country: U.S.

3. Mailing Address
1757 Oleander Place
Suite, Apt. #, etc.
City & State: Jacksonville, Florida
Zip: 32210 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3615152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FLAUTE, DOUGLAS L
2170 WEST STATE ROAD 434
SUITE 100
LONGWOOD FL 32779

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, ROBERT B 1786 CHALLEN AVENUE #6 JACKSONVILLE FL 32205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGE, MARK R 328 SUNNY LANE BELLEAIR FL 34616 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700003266897--5 -05/25/00--01076--014 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLAUTE, DOUGLAS L 401 EAST ROBINSON STREET, #206 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 REQUIRED Robert B. George 4/27/00 904-387-6359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)