

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0081682

DOCUMENT # NO1000005632

1. Entity Name

TRANSITIONAL LIVING CONSULTANTS, INCORPORATED

04-11-2002 90027 001 ****61.25

Principal Place of Business

Mailing Address

**4240 SUMMER LANDING DR., #103
 LAKELAND FL 33810**

**4240 SUMMER LANDING DR., #103
 LAKELAND FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL

Zip

Country

Zip

Country

33809

Polk

4. FEI Number

593739873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOMAS, AMY
 4240 SUMMER LANDING DR., #103
 LAKELAND FL 33810**

Name

Amy McComas

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

558 Hunters Run Boulevard

City

Lakeland

FL

Zip Code

33809

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCOMAS, AMY**
 CITY-ST-ZIP **4240 SUMMER LANDING DR., #103
 LAKELAND FL 33810**

TITLE ☐ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Amy McComas**
 CITY-ST-ZIP **558 Hunters Run Blvd.
 Lakeland, FL 33809**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCOMAS, PAUL**
 CITY-ST-ZIP **4240 SUMMER LANDING DR., #103
 LAKELAND FL 33810**

TITLE ☐ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **Paul McComas**
 CITY-ST-ZIP **558 Hunters Run Blvd.
 Lakeland, FL 33809**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MCCOMAS, DAVID**
 CITY-ST-ZIP **1815 RANDALLIA DR.
 FT. WAYNE IN 46805**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **David McComas**
 CITY-ST-ZIP **1815 Randallia Dr.
 Ft. Wayne, IN 46805**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Kevin Sanger**
 CITY-ST-ZIP **757 Bryson Loop
 Lakeland, FL 33809**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy McComas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-02

Date

863-815-2891

Daytime Phone #

CR2E037 (9/01)