NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-10-2003 90780 017 ****70.00

DOCUMENT # N02000007915

1. Entity Name
TCCNA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
TSASC c/o TCCNA, Inc.
Suite, Apt. #, etc.
City & State: Stuart
Zip: 34952 Country: Martin

3. Mailing Address
P.O. Box 1672
Suite, Apt. #, etc.
City & State: Florida
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / X Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: John Seeland
Street Address (P.O. Box Number is Not Acceptable)
1505 NW 9th Avenue
City: Stuart FL Zip Code: 34994

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Richard Wolkowsky - D 8000 130th Ave. Fellsmere, FL 32948
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Paul W. Miller - D 2487 NE Sharp Street Jensen Beach, FL 34957
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer John Seeland - D 1505 NW 9th Avenue Stuart, FL 34994
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Seeland, Treasurer