2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800000500

1. Entity Name

MISSION TLC INC. OF NORTHEAST FLORIDA

FILED May 03, 2000 8:00 am Secretary of State

2/.

02-21-2000 90041 019 ****61.25

Principal Place													
Principal Place of Business 344 PABLO TERRACE PONTE VEDRA BEACH FL 32082		Mailing Address 344 PABLO TERRACE PONTE VEDRA BEACH FL 32082-1809											
				1 1001/100 DEZ 10/81 20/11 20/11 00	HI Ba nda Ba nda Ba nda Banda I	DIYAC 3.8 00 .00 0 1330							
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3494591 Applied For Not Applicable									
							Zip	Country	Zip	Country	5. Certificate of Status Desired		5 Additional aquired
								6. Name and Address of Current R	registered Agent		7. Name and Address of New		
		vg.statou Agott	Name	7. Majila 2014 Madrous Of Trott	regional ow rigoria								
HORNER, SHAY RW			Street Addre	Street Address (P.O. Box Number is Not Acceptable)									
	O TERRACE		, }			· · · · · · · ·							
PONTE VE	DRA BEACH FL 32082					3}							
			City		FL Zif	ρ Code							
8. The above	named entity submits this statement for	the purpose of changing its	registered office or reg	istered agent, or both, in the state of F	lorida.								
	Signature gred or printed name of registered agent as	# Total 1	: Registered Agent signature re			******							
	FILE NOW: FEE IS \$61.25	S. Election Campaign Trust Funct Contribu	~ ~~ ¥		ike Check Payat epartment of Si								
10	FEE IS \$61.25	Trust Funci Contribu	stion.	dded to Fees	epartment of Si	tate							
10.	FEE IS \$61.25 OFFICERS AND DIR	Trust Funci Contribu	~ ~~ ¥		epartment of Si	DRS IN 10							
10. TITLE NAME	OFFICERS AND DIR HORNER, SHAY R	Trust Funci Contribu	ation. A	dded to Fees	DERS AND DIRECTO	DRS IN 10							
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: _>

CITY-ST-ZIP

JACKSONVILLE FL 32210

SKAGKWITHOUNTEREQUIRED
SKRYNDER AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

1-3-2000

904-273-9021

Date

Daytime Phone #