

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90091 041 ***150.00

DOCUMENT # P00000014899

1. Entity Name

THE T.L.C. GROUP, INC.

Principal Place of Business

2699 SEVILLE BOULEVARD
UNIT 202
CLEARWATER FL 33764

Mailing Address

2699 SEVILLE BOULEVARD
UNIT 202
CLEARWATER FL 33764

2. Principal Place of Business

12423 62ND ST. N #402

3. Mailing Address

Suite, Apt. #, etc. SAME

City & State

LARGO, FL

City & State

Zip

33773

Country

Country

4. EFL Number

59-3626129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name WILLIAM STREIT

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	STREIT, WILLIAM J	
STREET ADDRESS	2699 SEVILLE BOULEVARD UNIT 202	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1911 MAGNOLIA DRIVE	
STREET ADDRESS	CLEARWATER, FL 33764	
CITY-ST-ZIP		
TITLE	S, VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL STREIT	
STREET ADDRESS	1911 MAGNOLIA DR	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.J. STREIT - PRES

Date

Daytime Phone #

727-538-7771

1208000

CR2E034 (10/00)