

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90006 012 ***150.00

DOCUMENT #

1. Entity Name

~~800~~ P00000017612 ✓
TLC Nursing INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7589 Savannah LN

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth

City & State

Zip

33463

Country

Palm Beach

Zip

Country

4. FEI Number

65-0994481

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Officer
Pearline Thomas
7589 Savannah LN
Lake Worth FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Trevor Thomas
7589 Savannah LN
Lake Worth FL 33463

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Pearline Thomas

Date

7/21/02


Daytime Phone #

561-439-6614

CR2E034B (12/01)

Attachment

675889
P00000017612

 **ULTRACET™**
(37.5 mg tramadol HCl
325 mg acetaminophen tablets)

Please note I have written
letters with my change of
address with no responds
from your office. I finally
got a responds but it was
after may first I got
this UBR in July so
that the reason why I
am late