

2001 UNIFORM BUSINESS REPORT (UBR)

4/27/

FILED
May 18, 2001 8:00 am
Secretary of State

04-27-2001 90361 006 ***150.00

DOCUMENT # P00000055289

1. Entity Name
T S C HOLDINGS GROUP, INC.

Principal Place of Business 10 SE CENTRAL PKWY., STE. 130 STUART FL 34994	Mailing Address 10 SE CENTRAL PKWY., STE. 130 STUART FL 34994
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number
65-1024368

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WHITE, DAN G
 10 SE CENTRAL PKWY., STE. 130
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
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 re-registering) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (Sec 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	D	<input type="checkbox"/> Delete
NAME	WHITE, DAN G	
STREET ADDRESS	3337 SW BESSEY CREEK TR.	
CITY- ST- ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULCAHY, ROBERT	
STREET ADDRESS	44 PINE HILL TR. EAST	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, KEVIN C	
STREET ADDRESS	654 SW FUGE RD.	
CITY- ST- ZIP	STUART FL 34997	
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		<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		
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: *Dan G White*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 361 221 7720
 Date Daytime Phone #

CR2E034 (10/00)