2001 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2001 8:00 am DOCUMENT # PO@ 0 @ 0 0 5 6 3 6 0 Secretary of State T.C.R. SERVICES INCORPORATED 05-22-2001 90016 027 ***150.00 Principal Place of Business Mailing Address 2005 N.E. DEESE DR. W. 2005 N.E.DEESE DR. W. HIGH SPRINGS, FL. 32643 HIGHSPRINGS FL. 32643 ALACHUA COUNTY A0071024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 3*643*74*907* Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDWARD RIESS 2005 N.E. DEESE-DR.W. - -Street Address (P.O. Box Number is Not Acceptable) HIGHSPRINGS, FL. 32643 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 reinstating) FILE NOWIL PEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fee ake Check Payable to Department of Stat (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, & TREASURER Delete ☐ Change TITLE MLE EDWARD T. ALESS NAME NAME 2005 N.E. DEESE DR. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGH SPRINGS FL. 32643 CITY-ST-ZIP VICE PRESIDENT SECRETARY ☐ Delete TITLE TITLE CATHERINE A. RIESS 2005 N.E. DEESE DR. W. NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP HIGH SPRINGS TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP (YTY, ST. 28) TITLE ☐ Defete 18TH F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE ☐ Delete me ☐ Change Addition

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 ceth; 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 attactment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Depting Printed NAME OF SIGNING OFFICER OR DIRECTOR



Attachment AUNIORY

Division of corporations

FROM:

Edward T. Riess "president" 2005 n. e. Deese Dr. W. Highsprings, Fl. 32643 (904) 454-0292

To whom it may concern I mailed the (UBR) for T.C.R. Services into your office on 4-2-2001, and when I checked to see if it posted it was not I called your office on 4-29-2001 and told the agent on the phone that the report was not posted and my check had not been cashed as of 4-29-2001, and she told me that it had not been received, and I should fill out another report and send it with a letter stating the reason for being late. I hope this letter is a sufficient explanation, If you have any questions you can contact me at the above phone number or E-mail address etrcar@gator.net

Thank you!

Edward T. Riess " president" T.C.R. Services Incorporated