
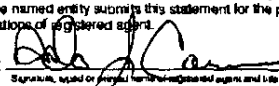
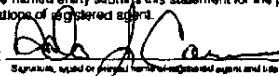
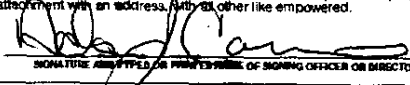


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90068 024 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10090827

DOCUMENT # P00000096909 1. Entity Name TLC BUILDERS, INC.		
Principal Place of Business 368 FOXTAIL AVE MIDDLEBURG, FL 32068	Mailing Address 368 FOXTAIL AVE MIDDLEBURG, FL 32068	
2. Principal Place of Business 2521 SNAPDRAGON AVE Suite, Apt. #, etc.	3. Mailing Address 2521 Snapdragon Ave Suite, Apt. #, etc.	
City & State Middleburg FL Zip 32068	City & State Middleburg FL Zip 32068	
4. FEI Number 59-3695281 Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CANNON, ADA JEAN 368 FOXTAIL AVE MIDDLEBURG, FL 32068		7. Name and Address of New Registered Agent Name TLC Builders INC Street Address (P.O. Box Number is Not Acceptable) 2521 Snapdragon Ave City Middleburg FL Zip Code 32068
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 		DATE: 3/30/03
FILE NUMBER FEE IS: \$150.00 After May 1, 2003 Fee will be \$500.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (NET)
TITLE: D NAME: CANNON, ADA JEAN STREET ADDRESS: 368 FOXTAIL AVE CITY-ST-ZIP: MIDDLEBURG, FL 32068	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, title or other like empowered.		
SIGNATURE: 		DATE: 3/30/03

CFR6034 (10/02)