## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 19, 2001 8:00 am Secretary of State DOCUMENT # P00000104768 1. Entity Namo 04-11-2001 90074 019 \*\*\*150.00 TLC HOMEWORKS, INC. Principal Place of Business Mailing Address 10997 114TH PLACE NORTH 10997 114TH PLACE NORTH LARGO FL 33778 **LARGO FL 33778** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Act. #. etc. Suite, Apt. #. etc. City & State Applied For City & State 59-3681242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YAFFE, LINDA Street Address (P.O. Box Number is Not Acceptable) 10997 114TH PLACE NORTH LARGO FL 33778 Zip Code F 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 Forida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President ☐ Change 1171,5 Delete LINDA B. YAFFEPACE N. NAME NAM: STREET ADDRESS STREET ADDRESS F1. 33778 LARGO C:TY-ST-712 CITY ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREE" ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z.P CITY-ST-ZIP TITLE ☐ Change Add:tion Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZP ☐ Chance ☐ Addition TITLE ☐ Delete NUE NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete T!T! E NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 attactment with an address, with all other like empowered. , what yaffe 727-320-9086 SIGNATURE:

**FILED**