

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

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90118 047 ***150.00

DOCUMENT # *P01000022250*

1. Entity Name

TCM Equity Enterprises Inc.

DO NOT WRITE IN THIS SPACE

678654

2. Principal Place of Business

1200 Town Center Dr.

3. Mailing Address

1200 Town Center Dr.

Suite, Apt. #, etc.

Ste. #101

Suite, Apt. #, etc.

Ste. #101

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33458

Country

Zip

33458

Country

4. FEI Number

65-1101740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas Tsanadis

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

1150 Town Center Dr. Apt. 302

City

Jupiter

FL

Zip Code

33458

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

President

Thomas Tsanadis

1150 Town Center Dr. Apt. 302

Jupiter, FL 33458

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Vice President

Robert Cahill

4459 Willow Pond Rd. Apt. C

West Palm Beach, FL 33411

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

Secretary

Kevin Nichols

3603 Everglades Rd.

Palm Beach Gardens, FL 33401

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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NAME

STREET ADDRESS

CITY- ST- ZIP

**DO NOT WRITE
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:

THOMAS TSANADIS PRES.
Thomas Tsanadis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-25-02 561-7999949

Attachment
Change of Address # *PO1000022250* *678654*
OMB No. 1545-1163

▶ Please type or print.

▶ See instructions on back.

▶ Do not attach this form to your return.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, TeleFile, 1040NR, etc.)

▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐

2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)

▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name

▶ Social security number

3a Your name (first name, initial, and last name)

3b Your social security number

THOMAS J. TSANADIS

097 46 0958

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions.

6a Old address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

328-LEEWARD DR. JUPITER, FL

PH

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

7 New address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Apt. no.

1150 TOWNCENTER DR. JUPITER FL. 33458 APT. 302

Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check all boxes this change affects:

8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)

9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)

10 ☒ Business location

11a Business name

11b Employer identification number

TCM EQUITY ENTERPRISES, INC.

65 1101740

12 Old mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

328-LEEWARD DR. JUPITER, FL. 334

13 New mailing address (no., street, city or town, state, and ZIP code). If a P.O. box or foreign address, see instructions.

Room or suite no.

1200-TOWN CENTER DR. SUITE 101 JUPITER, FL. 33458

101

14 New business location (no., street, city or town, state, and ZIP code). If a foreign address, see instructions.

Room or suite no.

SAME AS ABOVE

Part III Signature

Thomas Tsanadis

Daytime telephone number of person to contact (optional) ▶ ()

Sign Here

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date

Title

Attachment
ALAN H. ROSENTHAL
CERTIFIED PUBLIC ACCOUNTANT, P.A.

3300 UNIVERSITY DRIVE
SUITE 305
CORAL SPRINGS, FLORIDA 33065
(954) 752-4013
FAX (954) 752-5610

MEMBER
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

678684
#PO1000022250

September 25, 2002

Department of State:
RE: TCM Equity Enterprises Inc.

My client incorporated on March 2, 2001. This year would be the first year that he is required to file a UBR. He never received a UBR for 2002 and he was unaware that one needed to be filed. Attached, please find a copy of a UBR he is now filing for the current year. Please waive penalties as this is a new business. You may contact my office at (954) 752-4013 with any questions.

Alan Rosenthal

Alan Rosenthal CPA