2002 UNIFORM BUSINESS REPORT (UBR)

May 17, 2002 8:00 am Secretary of State **DOCUMENT #** P01000068449 1. Entity Name TLC PROJECTS & REPAIRS, INC. 05-17-2002 90021 049 ***150.00 Principal Place of Business Mailing Address 57 VANDERFORD ROAD EAST 57 VANDERFORD ROAD EAST ORANGE PARK FL 32073 ORANGE PARK FL 32073 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 -373034 Not Applicable. Zip Country Zip 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 Name PATRICK, MARK R Street Address (P.O. Box Number is Not Acceptable) 4040 WOODCOCK DRIVE STE 230 JACKSONVILLE FL 32207 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. SIGNATIÚRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **GUERRA, EDWARD** NAME NAME 57 VANDERFORD ROAD EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME **GUERRA, CHARLOTTE** NAME STREET ADDRESS 57 VANDERFORD ROAD EAST STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Jan Barrell ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED