

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90043 028 ***150.00

0013108 -AT

DOCUMENT # P01000111065

1. Entity Name
TCH AUCTIONS, INC.

Principal Place of Business

**10727 64TH AVE NORTH
 SEMINOLE FL 33772**

Mailing Address

**10727 64TH AVE NORTH
 SEMINOLE FL 33772**

2. Principal Place of Business

3. Mailing Address

SAME
 Suite, Apt. #, etc.

SAME
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1950922

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAY, TODD M
 10727 64TH AVE NORTH
 SEMINOLE FL 33772**

Name
SAME

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

City

FL

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

Todd M. Hay, **TODD M. HAY**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/02
 DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P
HAY, TODD M
10727 64TH AVE NORTH
SEMINOLE FL 33772
☐ Delete

TITLE
☐ Change ☐ Addition

TITLE
V
HAY, CHARLENE D
10727 64TH AVE NORTH
SEMINOLE FL 33772
☒ Delete

TITLE
☐ Change ☐ Addition

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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 attachment with an address, with all other like empowered.

SIGNATURE:

Todd M. Hay
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02
 Date

727-224-5774
 Daytime Phone #

CR2E034 (9/01)