

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004019 AV

DOCUMENT # P02000001798

1. Entity Name
TCO, INC.



FILED
CLERK OF THE
DIVISION OF CORPORATION
03 NOV 14 PM 4:14

Principal Place of Business
13096 WEXFORD HOLLOW ROAD NORTH
JACKSONVILLE FL 32224

Mailing Address
13096 WEXFORD HOLLOW ROAD NORTH
JACKSONVILLE FL 32224

2. Principal Place of Business
13096 Wexford Hollow Rd N
Suite, Apt. #, etc.

3. Mailing Address
13096 Wexford Hollow Rd N
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

REINSTATEMENT

4. FEI Number
74-3026579

Applied For
Not Applicable

Zip
32224

Country
Daval

Zip
32224

Country
Daval

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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE SUITE 3000
MIAMI FL 33131

Name

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. I am familiar with, and accept the obligations of registered agent.

INTRASTATE REGISTERED AGENT CORPORATION

SIGNATURE

Signature typed or printed name of registered agent and fee # applicable

STEVEN H. HAGEN--VICE PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D GUTHARD, THEODORE C ☐ Delete
STREET ADDRESS
13096 WEXFORD HOLLOW ROAD NORTH
CITY-ST-ZIP
JACKSONVILLE FL 32224

TITLE
NAME
100023586521 ☐ Change ☐ Addition
STREET ADDRESS
10/21/03--01158--022 **600.00
CITY-ST-ZIP

TITLE
NAME
D GUTHARD, CAROL A ☐ Delete
STREET ADDRESS
13096 WEXFORD HOLLOW ROAD NORTH
CITY-ST-ZIP
JACKSONVILLE FL 32224

TITLE
NAME
100023586521 ☐ Change ☐ Addition
STREET ADDRESS
10/06/03--01062--002 **150.00
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Delete
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TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Guthard 10-3-03 904-992-0819

Date Daytime Phone #

CR2E034 (4/03)