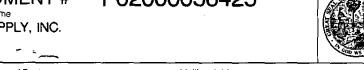
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

P02000056425 DOCUMENT #

1. Entity Name

TDC SUPPLY, INC.



2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del> .

FILED
May 02, 2003 8:00 am Secretary of State

05-02-2003 90389 040 \*\*\*150.00

C/O 1515 UNIVERSITY DR #114 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071  2. Principal Place of Business 3. Mailing Address				#114					
Suite, Apt. #, etc.  Suite, Apt. #, etc.		<u> </u>				El OUROX HERE IS MAXING OUANGED			
		<u> </u>				CHECK HERE IF MAKING CHANGES			
City & State		City & State			<b>4.</b> F	4. FEI Number -001 2086		pplied For ot Applicable	
Zip	Country	Zíp	Coun		5. (	5. Certificate of Status Desired S8.75 Ad Fee Require			
.,	6. Name and Address of Current	Registered Agent			7. N	lame and Address of New Registered A	gent		
DESCED	OFDALD 14			Name	-	* .   •			
-	GERALD M			Street Address (P.O. Box Number is Not Acceptable)					
	UNIVERSITY DR #114							<del></del>	
CORAL S	PRINGS FL 33071								
) 1 20				City		FL	Zip Cod	de	
	named entity submits this statement folions of registered agent.  Signature, typed or printed name of registered agent			ed office or re		ent, or both, in the State of Florida. I am fa	miliar with.	and accept	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	f State				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AND		11.		AD	DITIONS/CHANGES TO OFFICERS AND I			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-311 MMER M	Delete					□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEND E 3390 E	☐ Delete					☐ Change	Addition .	
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete		l l			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	Addition	
TITLE NAME STREET ADDRESS; CITY-ST-ZIP	Ar har take	☐ Delete	4				☐ Change	☐ Addition	
NAME Street address City-St-Zip		☐ Delete					Change	☐ Addition	

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:

enchature hekcommed SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR