

FILED
May 22, 2003 8:00 am
Secretary of State

05-01-2003 90763 033 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000068589

1. Entity Name
T & C BUSINESS SERVICES, INC.



Principal Place of Business
11250 OLD ST. AUGUSTINE ROAD
SUITE 15
JACKSONVILLE FL 32257

Mailing Address
11250 OLD ST. AUGUSTINE ROAD
SUITE 15
JACKSONVILLE FL 32257

55043081



2. Principal Place of Business
950-23 BLANDING BLVD.
Suite, Apt. #, etc.

3. Mailing Address
950-23 BLANDING BLVD.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
ORANGE PARK, FL
Zip
32065
Country
USA

City & State
ORANGE PARK, FL
Zip
32065
Country
USA

4. FEI Number
13-4207738

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

DAVIS, TODD ALAN
11250 OLD ST. AUGUSTINE ROAD
SUITE 15
JACKSONVILLE FL 32257

Name
DAVIS, TODD ALAN
Street Address (P.O. Box Number is Not Acceptable)
950-23 BLANDING BLVD
City
ORANGE PARK FL Zip Code
32065

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, TODD ALAN 11480 LUMBERJACK CIRCLE, E. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DAVIS, CANDIS BRIDGES 11480 LUMBERJACK CIRCLE, E. JACKSONVILLE FL 32223 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: TODD ALAN DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03
Date

904-276-1718
Daytime Phone #

CR2E034 (10/02)