

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90134 033 \*\*\*158.75

0156827  
FP

DOCUMENT # **P02000123043**

1. Entity Name  
**TLA CONSULTING, INC.**



Principal Place of Business  
**15 RIDGEWATER DRIVE  
WINTER HAVEN FL 33884**

Mailing Address  
**15 RIDGEWATER DRIVE  
WINTER HAVEN FL 33884**

**STREET NAME IS BRIDGEWATER NOT RIDGEWATER.**



2. Principal Place of Business  
**15 BRIDGEWATER DR.**

3. Mailing Address  
**15 BRIDGEWATER DR.**

CHECK HERE IF MAKING CHANGES

City & State  
**WINTER HAVEN, FL**

City & State  
**WINTER HAVEN, FL**

4. FEI Number  
**02-0652606**

Applied For  
 Not Applicable

Zip  
**33884**

Country  
**POLK**

Zip  
**33884**

Country  
**POLK**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**APOSTOLOU, THOMAS  
15 RIDGEWATER DRIVE  
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent  
Name **(corrected address)**  
Street Address (P.O. Box Number is Not Acceptable)  
**15 BRIDGEWATER DR.**  
City **WINTER HAVEN** FL Zip Code **33884**

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 *Thomas Apostolou* **THOMAS APOSTOLOU, PRESIDENT** **7/20/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00 - see attached**  
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b> <input type="checkbox"/> Delete<br><b>APOSTOLOU, THOMAS</b><br><b>15 RIDGEWATER DRIVE</b> ← <b>BRIDGEWATER</b><br><b>WINTER HAVEN FL 33884</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Thomas Apostolou* **ACQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/03)

Attachment

**TLA Consulting, Inc**

15 Bridgewater Dr Winter Haven, Florida 33884

7-20-03

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

90147218  
#P02000123043

I am enclosing this letter with my payment and 2003 Uniform Business Report. I am sending a check for \$150 instead of the \$550 as requested for the current filing date for the following reason:

I never received a notice for the early filing period. I believe it never came to me because the *address on the form is incorrect. It should be Bridgewater Drive not Ridgewater*. In Winter Haven there is a *Ridge Ave* and a *Ridge Terrace*. I'm guessing, but if one was sent to me it may have found it's way to one of those streets. When I recently returned from being out of town I found I had received the second form. This is my first year being incorporated and when I saw a \$550 fee I immediately contacted my accountant who told me that it should have been \$150 and I should have received the first form some time back. Trust me, I would never purposely incur a \$400 late fee!

I have indicated the corrected address on the form. I'm not sure why the address was still wrong. It had been corrected with the IRS and I had also received a correspondence from the State Florida with the correct address in April (I am enclosing a copy of that letter also). I feel justified in taking this route and hope you agree. I now know to look for this form near the beginning of each year.

Sincerely,



Thomas Apostolou  
TLA Consulting, Inc  
PH 863-875-0585  
Email: [tlaconsulting@yahoo.com](mailto:tlaconsulting@yahoo.com)