

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90007 021 ***150.00

DOCUMENT #	P02000129445
1. Entity Name	
TD Brothers, Inc	

DO NOT WRITE IN THIS SPACE

94045730

2. Principal Place of Business	3. Mailing Address
2835 S. Bumby Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number	Applied For
Orlando, FL		05-0543182	Not Applicable
Zip	Country	Zip	Country
32806			
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
LE, DO
Street Address (P.O. Box Number is Not Acceptable)
2835 S. BUMBY AVENUE

City
ORLANDO
FL
Zip Code
32806

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LE, DO
2835 S. BUMBY AVENUE
ORLANDO FL 32806

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE: *Do Le*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04

Date

407-896-2220

Daytime Phone #

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.