

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 014 ***150.00

DOCUMENT # *P03000014341*

1. Entity Name

TLM McNeal Group Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

718 20th st. west

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10733

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton Florida

City & State

BRADENTON FL.

4. FEI Number

45-0523516

Applied For

Not Applicable

Zip

34207

Country

USA

Zip

34282

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TARA Bannahan

Street Address (P.O. Box Number is Not Acceptable)

718 20th St. west

City

Bradenton

FL

Zip Code

34207

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

Registered Agent signature required when reinstating

DATE

5/1/04

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*P- TARA Bannahan
718 20th st. west
Bradenton, FL 34207*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

~~NAME~~

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**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

5/1/04

727-796-2212

CR2E034B (12/02)