2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90124 013 ***150.00

DOCUMENT # P21575

1. Entity Name: TPT Corporation

Principal Place of Business: 777 South Flagler Drive, Suite 800W, West Palm Beach, FL 33401

Mailing Address: Same

2. Principal Place of Business	3. Mailing Address
c/o Truscello Foods, LLC	c/o Truscello Foods, LLC
Street, Apt. #, etc.: 7880 N.W. 62nd Street	Street, Apt. #, etc.: 7880 N.W. 62nd Street
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166-3590 Country: USA	Zip: 33166-3590 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-1322582 — Applied For ☐ — Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Turchan, Thomas P., Jr.
211 Eden Road
Palm Beach, FL 33480

7. Name and Address of New Registered Agent

Name

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

City: FL Zip Code

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.

SIGNATURE: _____ 4/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D Turchan, Thomas P., Jr. 211 Eden Road Palm Beach, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete ☐ Add/Ch
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Turchan, Thomas P. 253 Legendary Circle Palm Beach Gardens, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete ☐ Add/Ch
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D McCarthy, Kevin 9 Serpentine Court Silver Springs, MD	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete ☐ Add/Ch
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete ☐ Add/Ch
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete ☐ Add/Ch

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/28/00 305-592-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number