2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000079844 DOCUMENT

1. Entity Name

T.C.W. OF PORT CHARLOTTE, INC.



FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90214 032 ***150.00

Zip Country Zip Country S. Certificate of Status Desired S. S. 75 Additional Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent New Registered Agent Name NEEDHAM, PHUONG 4820 TAMMANI TRAIL PORT CHARLOTTE FL 33980 City FL Zip Code 6. 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 act the obligations of registered agent and the displacement agent agent, or both, in the State of Florida. I am familiar with, and act the collegations of registered agent, or both, in the State of Florida. I am familiar with, and act the collegations of registered agent. SIGNATURE Signatura, speed by phread new or Implacement agent and the displacement. (MOTE Registered Agent signature required agent agent, or both, in the State of Florida. I am familiar with, and act the collegations of registered agent. SIGNATURE Signatura, speed by phread new or Implacement agent and the displacement. (MOTE Registered Agent signature required agent, or both, in the State of Florida. I am familiar with, and act the collegations of registered agent. SIGNATURE Signatura, speed by phread new or Implacement agent and the displacement agent agen						N TO			
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A820 TAMIAMI TRAIL PORT CHARLOTTE FL 33980 Gity Gity FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City						Name	7. Name and Address of New Ne	gistered Agent	
PORT CHARLOTTE FL 33980 City	NEEDHAN	M, PHUONG				<u> </u>			
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 ac the obligations of registered agent. Signature	4820 TAM	IIAMI TRAIL		Street Address			P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and ac the collipations of registered agent. SIGNATURE Signature frequence of registered agent and title if applicable. (NOTE Registered Agent signature required who reinstating) DATE	PORT CH	ARLOTTE F	L 33980		-		, , , , , , , , , , , , , , , , , , , 	. , , , , , , , , , , , , , , , , , , ,	
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2. 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 direct 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 1 changed, or on an attachment with an address, with all other like empowered.	of the corp	oration or the	receiver or trustee empow hment with an address, wit	ered to execute this report					

SIGNATURE:

941-625-9825