

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA5000036694**  
 1. Entity Name  
**TCBE, INC** **W-9848**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 JUN 15 PM 2:51

Principal Place of Business Mailing Address  
**6985 - 1st Ave N.** **same**  
**St. Petersburg, FL 33710**

2. Principal Place of Business 3. Mailing Address  
**6985 - 1st Ave N.** **same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**St. Petersburg FL**  
 Zip Country Zip Country  
**33710 USA**

**REINSTATEMENT** **98.00**  
 4. FEI Number **59-3313559** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Ed Wayne Seifried, Jr.**  
**6985 - 1st Ave N.**  
**St. Petersburg, FL 33710**

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 **Ed Wayne Seifried, Jr.** (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		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	<b>Seifried, E.W., Jr.</b>	
CITY-ST-ZIP	<b>1361 Sequoia Dr. S.</b>	
	<b>St. Petersburg, FL 33707</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>700003312327--7</b>	
CITY-ST-ZIP	<b>-07/05/00--01008--003</b>	
	<b>***1050.00 ***1050.00</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ed Wayne Seifried, Jr.** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #