

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076736

1. Entity Name

T. L. C. AUTOMOTIVE, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90042 045 \*\*\*150.00

Principal Place of Business 7621 SAWYER CIRCLE PORT CHARLOTTE FL 33981 US	Mailing Address 7621 SAWYER CIRCLE PORT CHARLOTTE FL 33947-2235 US
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2. Principal Place of Business 2720 N WASHINGTON BLVD Suite, Apt. #, etc.	3. Mailing Address 4085 CENTER POINTE PL Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34234	Zip 34230

4. FEI Number 65-0616950	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D  
 BATSEL, MCKINLEY, ITTERSAGEN, ET AL  
 1861 PLACIDA ROAD, SUITE 204  
 ENGLEWOOD FL 34223

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RONALD E.		NAME		
STREET ADDRESS	17 OAKLAND HILLS COURT		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, RON		NAME		
STREET ADDRESS	2 OAKLAND HILLS COURT		STREET ADDRESS		
CITY-ST-ZIP	ROTONDA WEST FL 33947		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, SHIRLEY J.		NAME	COOK, SHIRLEY J	
STREET ADDRESS	17 OAKLAND HILLS COURT		STREET ADDRESS	4085 CENTER POINTE PL	
CITY-ST-ZIP	ROTONDA WEST FL		CITY-ST-ZIP	SARASOTA, FL 34230	
TITLE		<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JUERAKHAN, JEFFERSON D	
STREET ADDRESS			STREET ADDRESS	2556 10th ST #107	
CITY-ST-ZIP			CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	COOK, TRACY L	
STREET ADDRESS			STREET ADDRESS	2 OAKLAND HILLS CT	
CITY-ST-ZIP			CITY-ST-ZIP	ROTONDA, FL 33947	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Shirley J Cook SHIRLEY J COOK 3/30/00 941-379-8794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)