

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096391

1. Entity Name

TOTAL COMMUNICATIONS CONSULTANTS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90095 025 ***150.00

Principal Place of Business

Mailing Address

3418 HANDY RD.
SUITE 206
TAMPA FL 33618

3418 HANDY RD.
SUITE 206
TAMPA FL 33618-4603

2. Principal Place of Business

3. Mailing Address

8910 N Dale Mabry Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 39

Suite 39

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33614

33614



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3387871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, JAMES C
3418 HANDY RD.
SUITE 206
TAMPA FL 33618

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

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 IN 11

TITLE D ☐ Delete
NAME DUNCAN, JAMES C
STREET ADDRESS 3418 HANDY RD.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME 17750 Coon Hide Rd
STREET ADDRESS Spring Hill FL 34610
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DUNCAN, DEBRAH
STREET ADDRESS 3418 HANDY RD.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME 17750 Coon Hide Rd
STREET ADDRESS Spring Hill FL 34610
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MASON, ELLIOT
STREET ADDRESS 3418 HANDY RD.
CITY-ST-ZIP TAMPA FL 33618

TITLE ☒ Change ☐ Addition
NAME 8910 N Dale Mabry Highway #39
STREET ADDRESS Tampa FL 33614
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/2000 813-931-9850
Date Daytime Phone #

CR2E034 (9/99)