

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90049 030 \*\*\*150.00

**DOCUMENT # P95000096391**

1. Entity Name

**TOTAL COMMUNICATIONS CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

8910 N DALE MABRY HWY  
STE 39  
TAMPA FL 336148910 N DALE MABRY HWY  
STE 39  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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 33618Name  
**DUNCAN, JAMES C.**

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

**17750 COON HIDE ROAD****Spring Hill, FL. 34610**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	DUNCAN, JAMES C	1750 COON HIDE ROAD SPRINGHILL FL 34610				
	D	DUNCAN, DEBRAH	17750 COON HIDE ROAD SPRINGHILL FL 34610				
	D	MASON, ELLIOT	8910 N DALE MABRY HWY # 39 TAMPA FL 33614				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

813-968-7895

Telephone Number

CR2E034 (10/00)