

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960 0000 1943

1. Entity Name

TPC Marketing, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90406 019 ***155.00

Principal Place of Business

Mailing Address

12717 West Sunrise Blvd
Ste 359
Sunrise, FL 33323
US

12717 West Sunrise Blvd
Ste 359
Sunrise, FL 33323
US

00043482

2. Principal Place of Business

3. Mailing Address

11251 Heron Bay Blvd
Suite, Apt. #, etc.
3415

11251 Heron Bay Blvd
Suite, Apt. #, etc.
3415

DO NOT WRITE IN THIS SPACE

City & State

City & State

Coral Springs, FL

Coral Springs, FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

33076

USA

33076

USA

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

UGLES, Richard
1540 N.W. 128th Drive
Suite 301
Sunrise, FL 33323

Name

Richard UGLES

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

11251 Heron Bay Blvd # 3415

City

Coral Springs,

FL

Zip Code

33076

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

Richard Ugles
Signature, typed or printed name of registered agent and title if applicable

Richard Ugles President

4-20-2001
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 PCD
NAME UGLES, Richard
STREET ADDRESS 1540 N.W. 128th Drive Suite 301
CITY- ST- ZIP Sunrise, FL 33323

☒ Delete

TITLE P
NAME Richard UGLES
STREET ADDRESS 11251 Heron Bay Blvd # 3415
CITY- ST- ZIP Coral Springs, FL 33076

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

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:

Richard Ugles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2001 (954-757-6527)
Date Daytime Phone #

CR2E034 (11/00)