

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056165

1. Entity Name
T.C. REPAIR, INC.

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90008 030 ***150.00

Principal Place of Business

1340 NE 28TH AVE
#133
POMPANO BEACH FL 33062
US

Mailing Address

1340 NE 28TH AVE
#133
POMPANO BEACH FL 33062
US

A0067845



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0681371

Applied For
Not Applicable

Zip

Country

Zip

Country

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

AMBROSE, CLYDE
1340 NE 28TH AVE.
#133
POMPANO BEACH FL 33062

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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	0	<input type="checkbox"/> Delete
NAME	AMRBOSE, CLYDE	
STREET ADDRESS	1340 NE 28TH AVE, #133	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AMBROSE, MERRILY P	
STREET ADDRESS	1340 NE 28TH AVE., #133	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Clyde Ambrose 7/10/00 954-785-7704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P9600056165

A0067845

TC. Repair, Inc.
1340 NE 28th Ave., Unit #133
Pompano Beach, FL 33062
954-785-7740

July 10, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received a Second Notice of my 2000 Uniform Business Report. Unfortunately I never received the first notice.

I called the Division of Corporations today and spoke with Amy who told me to write this letter and enclose the required \$150.00 payment and the late fee will be waived.

Thank you for waiving the late fee. I have no idea why I never received the first notice but it is now on my calendar to call next year by Valentines Day if I have not received this notice.

Sincerely,



Merrily P. Ambrose
TC Repair, Inc.