

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90002 002 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000007287

1. Entity Name
TLC MASONRY CONTRACTOR INC

Principal Place of Business
751 25TH AVE. N.
SAINT PETERSBURG FL 33704-3313

Mailing Address
PO BOX 40025
SAINT PETERSBURG FL 33743-0025
751 25TH AVE N.
ST. PETERSBURG, FL 33704-3313

2. Principal Place of Business

3. Mailing Address
751 25TH AVE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ST. PETERSBURG, FL

Zip

Country

Zip
33704-3313

Country

4. FEI Number
59-3423003

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COTE, TONI L
1845 COUNTRY CLUB RD N
ST PETERSBURG FL 33710-3805

7. Name and Address of New Registered Agent

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

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: Toni L. Cote

3/13/01

727 346-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #