

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036683

1. Entity Name

TCB CONSTRUCTION SERVICES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90048 022 ***150.00

Principal Place of Business

Mailing Address

11141 CYPRESS LEAF
ORLANDO FL 32825

11141 CYPRESS LEAF
ORLANDO FL 32825-5878



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1141 HACKBERRY DR
Suite, Apt. #, etc.

3. Mailing Address

1141 HACKBERRY DR
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3438290

Applied For

Not Applicable

Zip

Country

32825 ORANGE

Zip

Country

32825 ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, KAREN
11141 CYPRESS LEAF
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name

Same

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

1141 HACKBERRY DR

City

Orlando

FL

Zip Code

32825

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

Karen Langston

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-2000

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
NAME LANGSTON, KAREN
STREET ADDRESS 11141 CYPRESS LEAF
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Langston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-27-2000 (OR) 407-273-158
407-467-212

Daytime Phone #