## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## FILED DOCUMENT # **P97000048030** Jul 28, 2000 8:00 am 1. Entity Name **Secrétary of State** TLFD HOLDINGS, INC. 07-28-2000 90003 019 \*\*\*550.00 Mailing Address Principal Place of Business P O BOX 3328 P O BOX 3328 TALLAHASSEE FL 32315 TALLAHASSEE FL 32315 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3572057 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name . . -KOCOUREK, TODD G Street Address (P.O. Box Number is Not Acceptable) 1242 N DUVAL ST TALLAHASSEE FL 32303 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min, will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition **DPTS** TITLE TITLE Delete NAME PETERSON, ANDREA NAME STREET ADDRESS STREET ADDRESS 1242 NORTH DUVAL STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 $\overline{ ext{DPTS}}$ Addition Delete TITLE ☐ Change TITLE Alessandro Fiore NAME NAME STREET ADDRESS |1170 Cara Court STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Marco Island, FL 34145 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if