"AMENDED"

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 10 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081031

1. Entity Name
TSCPR FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5858 Central Avenue Suite, Apt. #, etc.	PO Box 41847 Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33707 Country: USA	Zip: 33743-1847 Country: USA

4. FEI Number: 59-3470265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Sembler, Gregory S.

Street Address (P.O. Box Number is Not Acceptable): c/o The Sembler Company 5858 Central Avenue

City: St. Petersburg **FL** Zip Code: 33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Sembler, Gregory S. 5858 Central Avenue St. Petersburg, FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD Sembler, Brent W. 5858 Central Avenue St. Petersburg, FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Sher, Craig H. 5858 Central Avenue St. Petersburg, FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Fabregas, Epifanio 5858 Central Avenue St. Petersburg, FL 33707
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS Fuqua, Jeffrey S. 1450 S Johnson Ferry Rd Suite 100 Atlanta, GA 30319
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700023280067 09/23/03--01047--022 **70.00
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory S. Sembler 9/9/03 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gregory S. Sembler, President