

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000102440

1. Entity Name

TCX INCORPORATED

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90020 030 \*\*\*150.00

Principal Place of Business

1407 40TH ST. CT. W.  
BRADENTON FL 34205

Mailing Address

1414 18 STREET WEST  
BRADENTON FL 34205-4733

2. Principal Place of Business

3. Mailing Address

1407 40th St Ct W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Bradenton FL

4. FEI Number 65-0799467

Applied For  
Not Applicable

Zip

Country

Zip  
34205

Country  
US

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

CARSON, STEVEN G  
1414 18 STREET WEST  
BRADENTON FL 34205

Name Carson, Steven G.

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

1407 40th St Ct W

City Bradenton

FL

Zip Code 34205

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	TORRELLI, SCOTT G	
STREET ADDRESS	1104 TEMPLE AVE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CARSON, STEVEN G	
STREET ADDRESS	1407 40TH ST. CT. W.	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carson, Steven G.	
STREET ADDRESS	1407 40th St Ct W	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	Secretary / Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Della H. Carson	
STREET ADDRESS	1407 40th St Ct W	
CITY-ST-ZIP	Bradenton, FL 34205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven G. Carson

Date

6-1-00

Daytime Phone #

(941) 746-2093

CF2E0C4 (1/1/00)