

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90111 005 \*\*\*150.00

**DOCUMENT # P98000006408**

**1. Entity Name**  
**T C B PRODUCTS, INC.**

**Principal Place of Business**  
**7685 MATOAKA ROAD**  
**SARASOTA FL 34243**

**Mailing Address**  
**7685 MATOAKA ROAD**  
**SARASOTA FL 34243**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**65-0803674**

**Applied For**  
**Not Applicable**

**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**

**RICHARDS, MICHAEL C**  
**7685 MATOAKA ROAD**  
**SARASOTA FL 34243**

**Name** Richard Jones  
**Street Address (P.O., Box Number is Not Acceptable)** 7685 Matoka Road  
**City** Sarasota **FL** **Zip Code** 34243

**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** Richard Jones  
 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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 ☐ Delete  
**NAME** ROLFE, LINDSAY A  
**STREET ADDRESS** 7685 MATOAKA ROAD  
**CITY-ST-ZIP** SARASOTA FL 34243

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:** Richard Jones  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/25/01 941-359-8454

0100066 AV

CR2E034 (5/01)



TCB PRODUCTS, INC.

P.O. Box 1580, Tallahassee, Florida 32302-1580, USA

Phone: 1.941.359.8454

Fax: 1.941.355.6910

[USTCB@gte.net](mailto:USTCB@gte.net)

<http://home1.gte.net/USTCB>

Attachment

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10648

July 3, 2001

Florida Department of State  
Division of corporations  
Uniform business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Reference: Document # P98000006408

To Whom It May Concern:

As discussed on the phone, we did not receive the letter dated May 17<sup>th</sup> regarding the registered agent name change.

Please find enclosed our 2001 Uniform business Report with the new name and address of our registered agent.

Best regards,

Richard Jones  
General Manager / Vice-President



SPECIALIST MANUFACTURER OF  
SILICONE IGNITION WIRE ASSEMBLIES

A QUALITY CONNECTION