## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P98000009536 1. Entity Name TC CONSTRUCTION, INC. 01-29-2001 90184 045 \*\*\*158.75 Principal Place of Business Mailing Address 4711 NW 41ST CT 4711 NW 41ST CT LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 611256 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0815117 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLIOTT, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 4711 NW 41ST CT LAUDERDALE LAKES FL 33319 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE NAME ELLIOTT, ANTHONY NAME STREET ADDRESS STREET ADDRESS 4711 NW 41ST CT CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME ELLIOTT, CLAUDIA NAME STREET ADDRESS STREET ADDRESS 4711 NW 41ST CT CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. Thereby certify that the information supplied with this filling 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

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SIGNATURE: 4

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