2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P98000009536 1. Entity Name 02-19-2002 90025 003 ***158.75 TC CONSTRUCTION, INC. Principal Place of Business Mailing Address 4711 NW 41ST CT. 4711 NW 41ST CT LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0815117 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ELLIOTT, ANTHONY** Street Address (P.O. Box Number is Not Acceptable) 4711 NW 41ST CT LAUDERDALE LAKES FL 33319 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing *Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE. NAME NAME **ELLIOTT, ANTHONY** STATE OF CHILDREN STREET ADDRESS STREET ADDRESS 4711 NW 41ST CT CITY-ST-ZIP CITY-ST-7IP LAUDERDALE LAKES FL 33319 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME **ELLIOTT, CLAUDIA** STREET ADDRESS STREET ADDRESS 4711 NW 41ST CT CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition --- Change ☐, Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP