

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012775

1. Entity Name

T.C. ENTERPRISES OF BREVARD, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90151 014 ***150.00

Principal Place of Business Mailing Address
 1273 DEGGEN CT. 1273 DEGGEN CT.
 PALM BAY FL 32907 PALM BAY FL 32907

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CROSBY, ANTHONY
 1273 DEGGEN CT.
 PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number's Not Acceptable)

City

Zip Code

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's signature required when re-registered)

DATE

4/10/2001

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 \$1500.00
 After MAY 1, 2001 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

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP CROSBY, ANTHONY 1273 DEGGEN CT. PALM BAY FL 32907	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS CROSBY, PATSY 1273 DEGGEN CT PALM BAY FL 32907	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP/IT Crosby, Anthony 1273 Deggen Ct Palm Bay, FL 32907	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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

Anthony Crosby, President

DATE

Daytime Phone #

321-951-2886

CR2E034 (10/00)