

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013733

1. Entity Name

T.L.P. INNOVATIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90375 024 ***158.75

Principal Place of Business

3 MAYO STREET
HURLBURT FILED FL 32544

Mailing Address

3 MAYO STREET
HURLBURT FILED FL 32544

80056877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 Fenwick Avenue
Suite, Apt. #, etc.
NA

3. Mailing Address

1600 Fenwick Avenue
Suite, Apt. #, etc.
NA

City & State

Fort Walton Beach, FL

City & State

Fort Walton Beach, FL

Zip

32547

Country

USA

Zip

32547

Country

USA

4. FEI Number 59-3505771

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BOYKINS, TERRI
3 MAYO STREET
HURLBURT FILED FL 32544

7. Name and Address of New Registered Agent

Name

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

City

FL

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 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, 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-ST-ZIP
PCEO
BOYKINS, TERRI L
3 MAYO ST
HURLBURT FIELD FL 32544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1600 Fenwick Avenue
Fort Walton Beach, FL 32544 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-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:

Terri L. Boykins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 850-862-0111

Date

Daytime Phone #

x338

CR2E034 (10/00)