## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 10, 2002 8:00 am Secretary of State P98000044313 DOCUMENT # 1. Entity Name 05-10-2002 90039 043 \*\*\*150.00 TBC INVESTMENTS, INC. Principal Place of Business Mailing Address 3112 HIHGLANDS BY THE LAKE WAY 3112 HIHGLANDS BY THE LAKE WAY LAKELAND FL 33813 LAKELAND FL 33813 Principal Place of Business 112 High lands by Suite, Apt. #Netc. Lake Way Mailing Address 112 Highlands by The DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3512744 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 CROWLEY, TERESA B Street Address (P.O. Box Number is Not Acceptable) 3112 HIGHLANDS BY THE LAKE WAY LAKELAND FL 33813 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition CROWLEY, TERESA B NAME NAME 3112 HIGHLANDS BY THE LAKE WAY STREET ADDRESS STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP : CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Eresab Crowley fres. 420/02 863683.5523

FILED