

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90138 030 ***150.00

DOCUMENT # P98000044313

1. Entity Name
TBC INVESTMENTS, INC.



Principal Place of Business
**3112 HIGHLANDS BY THE LAKE WAY
LAKELAND FL 33813**

Mailing Address
**3112 HIGHLANDS BY THE LAKE WAY
LAKELAND FL 33813**

2. Principal Place of Business
321 N. Kentucky Avenue

3. Mailing Address
PO Box 93037

Suite, Apt. #, etc.
Suite 1

Suite, Apt. #, etc.

City & State
Lakeland, FL 33801

City & State
Lakeland, FL 33804

Zip
33801

Country
US

Zip
33804

Country
US

4. FEI Number
59-3512744

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROWLEY, TERESA B
3112 HIGHLANDS BY THE LAKE WAY
LAKELAND FL 33813**

Name
Crowley, Teresa B.
Street Address (P.O. Box Number is Not Acceptable)
**321 N. Kentucky Avenue,
Suite 1**
City
Lakeland FL Zip Code
33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Teresa B. Crowley*
Signature, typed or printed name of registered agent and title if applicable.

Teresa B. Crowley

2/18/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
CROWLEY, TERESA B
3112 HIGHLANDS BY THE LAKE WAY
LAKELAND FL 33813** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
Crowley, Teresa B.
321 N. Kentucky Ave., Suite 1
Lakeland, FL 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Teresa B. Crowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa B. Crowley, Pres.

Feb. 18, 2003 863-686-4205

Date

Daytime Phone #

CR2E034 (10/02)