

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90156 013 ***150.00

DOCUMENT # TLL Inc.
1. Entity Name P98000044468



DO NOT WRITE IN THIS SPACE

10103607

2. Principal Place of Business 599 S. Collier Blvd
3. Mailing Address 599 S. Collier Blvd
City & State Marco Island FL
Zip 34145 **Country** USA

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IN THIS SPACE**

4. FSC Number 59-3512095
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
7. Name and Address of Current Registered Agent
Name BUD DAVIS
Street Address (P.O. Box Number is Not Acceptable) 863 W Inlet Drive
Marco Island FL 34145

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BUD DAVIS, PRESIDENT</u> <u>863 W. Inlet</u> <u>Marco Island FL 34145</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Teri Lorthe, VP</u> <u>153 Saxon Street</u> <u>Marco Island FL 34145</u>
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Teri Lorthe 4/14/03 239 3930493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)