

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

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90426 016 \*\*\*150.00

DOCUMENT # P 98000066135  
1. Entity Name  
TGL Group INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3617 Gandy Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
3617 Gandy Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tampa FL

City & State  
Tampa FL

Zip  
33611

Country

Zip  
33611

Country

4. FEI Number  
65-0859866

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Timothy E Carlin

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

9702 Fredricksburg Rd

City  
Tampa FL

Zip Code  
33611

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. (NOIL: 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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$650.00  
Amended UBR is \$81.25  
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	President Timothy E Carlin 9702 Fredricksburg Rd Tampa FL 33635
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy E Carlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-837-2568  
Date Daytime Phone #