

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070065

1. Entity Name

TLC & CO., INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90009 022 ***150.00

Principal Place of Business
3928 NORTHRIDGE DR
VALRICO FL 33594
US

Mailing Address
C/O WALTER SANDERS
13910 N. DALE MABRY HWY. STE. ONE
TAMPA FL 33618-2440



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3902 Crestwood Drive
Suite, Apt. #, etc.

3. Mailing Address
3355 BEARSS AVE.
Suite, Apt. #, etc.

City & State
Valrico, Florida
Zip
33594

City & State
Tampa, Florida
Zip
33618

4. FEI Number 59-3527407
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANDERS, WALTER
13910 NORTH DALE MABRY HWY. SUITE ONE
TAMPA FL 33618

7. Name and Address of New Registered Agent

Name
WALTER SANDERS
Street Address (P.O. Box Number is Not Acceptable)
3355 BEARSS AVENUE
City
Tampa FL Zip Code
33618

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 Walter Sanders Walter Sanders 3/21/00
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	LAMBERT, ELLIE	
STREET ADDRESS	3928 NORTHRIDGE DR	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENS, KAY	
STREET ADDRESS	374-4 115TH AVENUE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ellie Lambert 3-21-00 813685-4936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)