

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070065

1. Entity Name

TLC & CO., INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90033 049 \*\*\*150.00

Principal Place of Business

3902 CRESTLAND DRIVE  
VALRICO FL 33594  
US

Mailing Address

C/O WALTER SANDERS  
3355 BEARSS AVENUE  
TAMPA FL 33618

2. Principal Place of Business

3902 Crestwood Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Valrico, Florida

City & State

Zip

33594

Country

US

Zip

Country

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

7. Name and Address of New Registered Agent

Name

SANDERS, WALTER  
3355 BEARSS AVENUE  
TAMPA FL 33618

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

City

FL

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

Walter Sanders

Walter Sanders

3/28/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LAMBERT, ELLIE  
CITY-ST-ZIP 3928 NORTHRIDGE DR  
VALRICO FL 33594

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Lambert, Ellie  
CITY-ST-ZIP 3902 Crestwood Drive  
Valrico, Florida 33594

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STEVENS, KAY  
CITY-ST-ZIP 374-4 115TH AVENUE NORTH  
SAINT PETERSBURG FL 33716

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 W Lambert

4/3/01

813-690-0319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)