## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # P98000072334 TIC-TOC ENTERPRISES, INC. 03-26-2001 90083 007 \*\*\*150.00 Mailing Address Principal Place of Business 1200 48TH STREET NORTH 1200 48TH STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address 14605 605 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3528259 WATER Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACCOUNTING & TAX HELP, INC. Street Address (P.O. Box Number is Not Acceptable) 8668 PARK BLVD. SUITE A SEMINOLE FL 33777 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its pogistered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE BRADFIELD, MICHAEL A BRADFIELD, MICHAEL A NAME NAME 1200 48 15 St. N. 1200 48TH ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PETERSBURG FL 33713 CITY-ST-ZIP ST. PETERSBURG FL 33713 TITLE ☐ Delete TITLE BRADFIELD, MELANIE M Bradfield, melyn 1200 yyrth St. N. MELANIE M NAME NAME STREET ADDRESS 1200 48TH ST. N STREET ADDRESS PETERSBURG CITY-ST-ZIP ST. PETERSBURG FL 33713 CITY-ST-ZIP Change \_\_\_ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Elorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: 2