

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P98000078478

1. Entity Name

T & C ENTERPRISES OF WEST FLORIDA, INC.

**FILED**  
**Jun 01, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90094 023 \*\*\*150.00

Principal Place of Business

Mailing Address

2821 THAXTON DR. #29  
PALM HARBOR FL 34684

2821 THAXTON DR. #29  
PALM HARBOR FL 34684-4752

2. Principal Place of Business

2821 THAXTON DR #29

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

PALM HARBOR FL

City & State

FL 34684

4. FEI Number

59-3530527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLIER, JAMES H SR.  
4344 SANDDOLLAR CT  
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

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

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  
NAME

STREET ADDRESS  
CITY-ST-ZIP

DP  
POWERS, THOMAS S  
2821 THAXTON DR, #29  
PALM HARBOR FL 34684

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
POWERS, CHARLENE M  
2821 THAXTON DR, #29  
PALM HARBOR FL 34684

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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: THOMAS J. POWERS CHARLENE M. POWERS 4-25-2000 727-781-6921  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)