

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084986

1. Entity Name

TPC CONSTRUCTION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90010 003 ***150.00

Principal Place of Business

Mailing Address

N.W. 50TH DRIVE
BEACH FL 33064

1120 N.W. 50TH DRIVE
POMPANO BEACH FL 33073-2023

2. Principal Place of Business

3. Mailing Address

4163 N.W. 66 Drive
Suite, Apt. #, etc.

4163 N.W. 66 Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Coconut Creek, FL. 33073
Zip 33073

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Coconut Creek, FL 33073
Zip 33073

4. FEI Number 65-0879361

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

COCKRILL, THOMAS
1120 N.W. 50TH DRIVE
POMPANO BEACH FL 33064

Name Same Registered Agent address change:

Street Address (P.O. Box Number is Not Acceptable)
4163 N.W. 66 Drive

City Coconut Creek, FL Zip Code 33073

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 4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	COCKRILL, THOMAS	
STREET ADDRESS	1120 N.W. 50TH DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COCKRILL, BONNIE	
STREET ADDRESS	1120 N.W. 50TH DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKRILL, THOMAS	
STREET ADDRESS	4163 N.W. 66 Drive	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKRILL, BONNIE	
STREET ADDRESS	4163 N.W. 66 Drive	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/24/00

Daytime Phone # 954-422-8993

CR2E034 (9/99)