

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90102 003 ***150.00

DOCUMENT # P98000084986

1. Entity Name
TPC CONSTRUCTION, INC.

Principal Place of Business
4163 N.W. 66 DRIVE
POMPANO BEACH FL 33073

Mailing Address
4163 N.W. 66 DRIVE
POMPANO BEACH FL 33073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4163 NW 66 Dr
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Coconut Creek Fl.
 Zip **33073** Country **USA**

City & State
Fl.
 Zip Country

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

COCKRILL, THOMAS
4163 N.W. 66 DRIVE
POMPANO BEACH FL 33073

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COCKRILL, THOMAS 4163 N.W. 66 DRIVE POMPANO BEACH FL 33073 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD COCKRILL, BONNIE 4163 N.W. 66 DRIVE POMPANO BEACH FL 33073 | <input type="checkbox"/> Delete |
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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 Cockrill**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/29/02** Daytime Phone # **954-422-8993**

CR2E034 (9/01)