

01/02/2002

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10 of 2

DOCUMENT # P98000104901

1. Entity Name
TMC OF CENTRAL FLORIDA, INC.

FILED

02 MAR 18 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10624 CLOUD VIEW DR
Suite, Apt. #, etc.

3. Mailing Address
10624 CLOUD VIEW DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
59-3547920

Applied For
Not Applicable

Zip Country
32825 USA

Zip Country
32825 USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
VIVIAN MILLS

Street Address (P.O. Box Number is Not Acceptable)
10624 CLOUD VIEW DR

City ORLANDO, FL Zip Code 32825

**DO NOT WRITE
IN THIS SPACE**

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 *Vivian Mills*
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
VIVIAN MILLS
10624 CLOUD VIEW DR
ORLANDO, FL 32825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000005290540
-04/17/02--01076--005
****308.75 ****300.00

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Vivian Mills*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/81)

Attachment

998 000104901

20f2

MINUTES OF
THE SPECIAL MEETING OF DIRECTORS
OF
TMC OF CENTRAL FLORIDA, INC.

The special meeting of the directors of the corporation was held on FEBRUARY 18, 2002.

The following persons were present being all of the directors of the corporation and a quorum.

TODD MILLS
VIVIAN MILLS

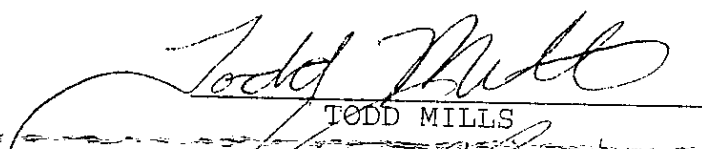
One of the directors called the meeting to order.

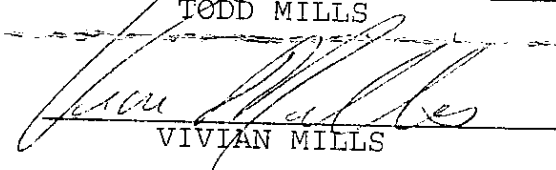
The following resolutions were adopted:

RESOLVED, that all shares of the corporation, TMC OF CENTRAL FLORIDA, INC., are transferred to VIVIAN MILLS, as of this the 18th day of FEBRUARY, 2002.

RESOLVED, that TMC OF CENTRAL FLORIDA, INC. shall pay the sum of \$2200.00 per month to TODD MILLS beginning this the 18th day of FEBRUARY, 2002, continuing on a monthly basis until FEBRUARY 18, 2004.

The signing of this consent by the undersigned shall constitute full ratification of the action taken to organize the corporation as set forth in the foregoing resolutions.


TODD MILLS

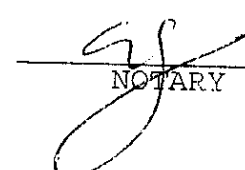

VIVIAN MILLS

State of Florida
County of Osceola

The foregoing instrument was acknowledged before this 18 day of February 2002 by Todd Mills and Vivian Mills, personally known to me, as officers of TMC of Central Florida, Inc.



Richard D. Denley
MY COMMISSION # 0004841 EXPIRES
APRIL 24, 2008
BORDER TOWN TRUCK INSURANCE, INC.


NOTARY PUBLIC