

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019543

1. Entity Name

T.L.D. INTERNATIONAL INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90035 004 ***150.00

Principal Place of Business

Mailing Address

1824 KENDALL DRIVE
CLEARWATER FL 33764

1824 KENDALL DRIVE
CLEARWATER FL 33764-4640

2. Principal Place of Business

14627 U.S. Hwy 19

3. Mailing Address

14627 U.S. Hwy 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

HUDSON, FL

Zip

Country

34667 USA

Zip

Country

34667 USA

4. FEI Number

59-3575260

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

ROBERT E. DEAN

Street Address (P.O. Box Number is Not Acceptable)

1824 KENDALL DRIVE

City

CLEARWATER

FL

Zip Code

33764

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

Robert E. Dean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-1-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DEAN, ROBERT E
STREET ADDRESS 1824 KENDALL DRIVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEAN, TERESA L
STREET ADDRESS 1824 KENDALL DRIVE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

Robert E. Dean

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-00

Daytime Phone #

727-89-9277

CR2E034 (9/99)