## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 03, 2000 08:00 AM DOCUMENT # P9900020556 1. Entity Name **Secretary of State** TDR ENTERPRISES, INC. Principal Place of Business Mailing Address 8531 RAMPART ROAD 8531 RAMPART ROAD JACKSONVILLE JACKSONVILLE FL FL 32244 32244 2. Principal Place of Business 3. Mailing Address 3407 SW 7TH STREET PO BOX 4590 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For OCALA FL OCALA FL 59-3561841 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 34474 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LATSHAW 3010 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH 32250 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. 02/03/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TILE ☐ Detete ☐ Change X Addition NAME RENTSCHLER CORLISS STREET ADDRESS STREET ADDRESS 9151 NE 12TH COURT CITY-ST-ZIP CITY-ST-ZIP OCALA 34479 TITLE ☐ Delete TITLE X Change ☐ Addition NAME THOMAS NAME RENTSCHLER RENTSCHLER THOMAS STREET ADDRESS 8531 RAMPART ROAD STREET ACCRESS 9151 NE 12TH COURT CITY-ST-ZIF JACKSONVILLE. FI 32244 CITY-ST-7IP OCALA FT. 34479 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

CIONATURE. THOMAS D DENTSCHIED