

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038441

1. Entity Name
TLC BLUME, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 048 ***550.00

Principal Place of Business
524 AUSTIN DR.
TARPON SPRINGS FL 34689

Mailing Address
524 AUSTIN DR.
TARPON SPRINGS FL 34689

2. Principal Place of Business
2934 LANDING WAY
Suite, Apt. #, etc.

3. Mailing Address
2934 LANDING WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PALM HARBOR, FLORIDA
Zip
34684
Country
PINELLAS

City & State
PALM HARBOR
Zip
34684
Country
PINELLAS

4. FEI Number
59-3572174
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BLUME, LINDA
524 AUSTIN DR.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
Name
BLUME, LINDA
Street Address (P.O. Box Number is Not Acceptable)
2934 LANDING WAY
City
PALM HARBOR FL Zip Code
34684

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 *Linda Blume*
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) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUME, LINDA A 524 AUSTIN DR. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSARIS, JOANN C 590 OLD OAK CIRCLE PALM HARBOR FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BLUME, LINDA A. 2934 LANDING WAY PALM HARBOR, FL. 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Blume*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)