

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065610

1. Entity Name
TOTAL LOSS CONTROL, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90369 028 ***150.00

Principal Place of Business P. O. BOX 3969 HOLIDAY FL 34690	Mailing Address P. O. BOX 3969 HOLIDAY FL 34690
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 3874 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 3874 Suite, Apt. #, etc.
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City & State Holiday, FL	City & State Holiday, FL	4. FEI Number 59-3587005	Applied For <input type="checkbox"/> Not Applicable
Zip 34690	Country USA	Zip 34690	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FARRIS, DAVID 3308 TRASK DR. HOLIDAY FL 34691
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7. Name and Address of New Registered Agent Name Farris, David Street Address (P.O. Box Number is Not Acceptable) 5740 Bittersweet DR City Holiday FL Zip Code 34690

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 _____
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 \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FARRIS, DAVID 3308 TRASK DRIVE HOLIDAY FL 34691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ANTHONY, DONNA 3308 TRASK DRIVE HOLIDAY FL 34691 <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 5740 Bittersweet Dr Holiday, FL 34690
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5740 Bittersweet DR Holiday, FL 34690
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: David Farris 2-8-01 727-942-4910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DAVID FARRIS

CR2E034 (10/00)