2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000066648

1. Entity Name TCPIC, INC.



Mar 27, 2003 8:00 am § Secretary of State

Daytime Phone #

FILED

03-27-2003 90122 036 ***150.00

Principal Place of Business 1478 CORAL RIDGE DR. CORAL SPRINGS FL 33071

SIGNATURE:

Mailing Address

1478 CORAL RIDGE DR. CORAL SPRINGS FL 33071

2. Principal Place of Business 3. Mailing Address			W 9THPL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State CORAL SPRIVES		4. FEI Number 65-0934185 Applied Find Applie	
Zíp	Country .	33071	Country 45A	5. Certificate of Status Desired	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
DI MARE,	SALVATOR		Name		
1478 CORAL RIDGE DR.			Street Address	is (P.O. Box Number is Not Acceptable)	
CORAL SE	PRINGS FL 33071				
			City	FL Zip Code	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or registe	stered agent, or both, in the State of Florida. I am familiar with, and acc	cept
SIGNATURE .					_
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	ired when reinstating) DATE	
:: After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	f State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
10.13	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAQUER, THOMAS 1478 CORAL RIDGE DR CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	ldition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMARE, SALVATOR 1478 CORAL RIDGE DR. CORAL SPRINGS FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE	*	☐ Delete	TITLE	☐ Change ☐ Ad	dition
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Ad	idition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information as well a 1-14-14	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Add	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.