

**2003
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 013 ***150.00

DOCUMENT # P990000 68175

1. Entity Name

TFC Ventures, Inc



Principal Place of Business
265 SUNRISE AVE.
SUITE 204
PALM BEACH, FL 33480

Mailing Address

2. Principal Place of Business

3. Mailing Address

P.O. Box 591

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM BEACH, FL

Zip

Country

Zip

33480

Country

4. FEI Number

65-0943015

Applied For

Not Applicable

5. Certificate of Status Desired



☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F ESQ.
265 SUNRISE AVE.
SUITE 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYNN, THOMAS V. P.O. Box 591 PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIMBERLY Kelley-Flynn 265 SUNRISE AVE., ST. 204 PALM BEACH, FL 33480	<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

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Thomas V. Flynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/03

Date

561-832-5696

Daytime Phone #