

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90113 008 ***158.75

DOCUMENT # P99000079377

1. Entity Name
TCT MANUFACTURING, INC.



Principal Place of Business
**28240 LAKE INDUSTRIAL BLVD.
TAVARES FL 32778**

Mailing Address
**P.O. BOX 1768
TAVARES FL 32778**

2. Principal Place of Business
1217 Robie Ave.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MT Dora FL

City & State

4. FEI Number **59-3599922**

Applied For

Not Applicable

Zip
32757

Country
USA

Zip
32757

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**URMSON, JAMES F
28240 LAKE INDUSTRIAL BLVD.
TAVARES FL 32778**

Name **James F. Urmson**

Street Address (P.O. Box Number is Not Acceptable)
1217 Robie Ave

City **MT Dora**

FL

Zip Code
32757

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 **Shirley E. Urmson**
Signature, typed or printed name of registered agent and title if applicable.

SHIRLEY E. URMSON

3-5-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **URMSON, JAMES F**
STREET ADDRESS **28240 LAKE INDUSTRIAL BLVD.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03

Date

Daytime Phone #

352-735-5070

CR2E034 (10/02)