

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 099000084343

1. Entity Name
TLC Education Consultants, INC.



FILED

03 JUL 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Search Off. Bldg
Suite, Apt. #, etc. 300.5

3. Mailing Address

17595 S. Tamiami Tr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

03

City & State

Estero, FL
Zip 33908 Country EE

City & State

FL
Zip 33904 Country EE

4. FEI Number

650585842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Andrew Cisneros

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

300.5 17595 S. Tamiami Tr

City

Estero, FL

FL

Zip Code

33908

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Pres. Andrew Cisneros
17595 S. Tamiami Tr
Estero, FL 33908

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000021783820
07/25/03--01019--022 **150.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

2/2

Andrea Lissette
TLC Education Consultants, Inc.
PO Box 110212
Naples, Fl. 34109

6-22-03

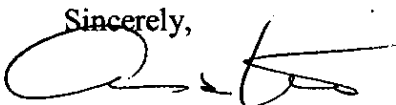
Ms. Barbara Mitchell
Document Specialist
Fl. Dept of State
PO Box 6327
Tallahassee, Fl. 32314

Dear Ms. Mitchell:

Enclosed please find the form your department sent back to me with current information. Prior to recent notice to the post office, I was not using the PO box for TLC, and had not received the form required for the new year's registration.

Thank you, and please let me know if I need to do anything else at this time regarding registration of TLC Education Consultants, Inc.

Sincerely,



Andrea Lissette

Andrea Lissette

Andrea Lissette

Andrea Lissette