2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

FILED DOCUMENT # P99000091353 Feb 21, 2000 8:00 am 1. Entity Name **Secretary of State** TOTAL COMMUNICATION CONSULTING, INC. 02-21-2000 90027 040 ***158.75 Principal Place of Business Mailing Address 4909 29TH LANE FAST 4909 29TH LANE EAST **BRADENTON FL 34203** BRADENTON FL 34203-3804 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0952592 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FICKEY, CHRIS R Street Address (P.O. Box Number is Not Acceptable) 4909 29TH LANE EAST **BRADENTON FL 34203** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE ☐ Celete FICKEY, CHRES R. NAME FICKEY, CHRIS R NAME 4909 ZATH LANE EAST STREET ADDRESS STREET ADDRESS 4909 29TH LANE EAST BRADENTON, FL 34203 CITY-ST-ZiP CITY-ST-ZIP **BRADENTON FL 34203** MITCHELL, JOHN B. 1240 WHISTLING WAY Change Change ☐ Addition Delete TITLE TITLE MITCHELL, JOHN B NAME STREET ADDRESS 4909 29TH LANE EAST STREET ADDRESS BRADENTON LFL 34202 CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-7IP ☐ Change Addition **Ⅲ** Delete TITLE ___ PLACEK, ANTHONY G NAME NAME STREET ADDRESS STREET ADDRESS 4909 29TH LANE EAST CITY-ST-ZIP **BRADENTON FL 34203** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 appears, with all other like empowered.