2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900092028 1. Entity Name TCCO, INC. | | | | | Secret | eary of St 2 90025 043 ***15 | ate |
|---|---|---|--|---|---|---------------------------------|----------------|
| 1005 HELEN | - | Mailing Address 1005 HELEN STREET MOUNT.DORA FL 32757 | , | 11.4 m - 11.5 m | | | |
| Principal Place of Business 3. Mailing Address | | | ' | | 1 10E11881 11E 16110 16141 66111 4 | 8 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & Stat | е | City & State | City & State | | 4. FEI Number 59-360408 | <i>1</i> | Applied For |
| Zip Country | | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Ac | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and Address of New | <u> </u> | |
| POHL & SHORT, P.A. 280 WEST CANTON AVENUE | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 410 WINTER PARK FL 32790 | | | Cit | City FL Zip Code | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or printed name of registered agent and title it applicable. (NOTE: F FILE NOW!!! After May 1, 2002 Make Check Payable | | | !!! FEE IS \$ 02 Fee will I | oe \$550.00 | Election Campaign F Trust Fund Contributi | ~ <u>~</u> ~~ | 00 May Be |
| 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND D CAYLOR, ZORINA 1005 HELEN STREET MOUNT DORA FL 32757 | D DIRECTORS | 12. TITLE NAME STREET ADD CITY-ST-ZII | I | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTOR | RS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAYLOR, THOMAS 1005 HELEN STREET MOUNT DORA FL 32757 | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIR | ı | | ☐ Change | ☐ Addition |
| TITLE . NAME STREET ADDRESS CITY-ST-ZIP | <u>-</u> | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | l l | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | 1 | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | 1 | | ☐ Change | Addition |
| TITLE NAME Street Address City-St-Zip | | ☐ Delete | TITLE NAME STREET ADD CITY-ST-ZIF | | | ☐ Change | ☐ Addition |
| indicated of the cor | pertify that the information supplied wit on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address, | is true and accurate and that report | ny signature si as required by | hall have the sar | ne legal effect as if made under | oath; that I am an office | er or director |

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

352 735 0423

Daytime Phone #