

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90098 005 ***150.00

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DOCUMENT # P99000104027

1. Entity Name
TSC CONSULTANTS LIMITED, INC.



Principal Place of Business

**5 ISLAND PARK PLACE
UNIT 407
DUNEDIN FL 34698**

Mailing Address

**5 ISLAND PARK PLACE
UNIT 407
DUNEDIN FL 34698**

2. Principal Place of Business

7996 10th Ave South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 67390
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
St. Petersburg FL
Zip
33707

Country

City & State
St. Pete Beach FL
Zip
33736

Country

4. FEI Number
59-3611999

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CUTCHALL, SUSAN ROGERS
5 ISLAND PARK PLACE
UNIT 407
DUNEDIN FL 34695**

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 **Susan R. Cutchall**

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

(NOTE: Registered Agent signature required when reinstating)

2/10/03
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

TITLE **P** ☐ Delete
NAME **CUTCHALL, THOMAS S**
STREET ADDRESS **5 ISLAND PARK PLACE #407**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **ST** ☐ Delete
NAME **CUTCHALL, SUSAN R**
STREET ADDRESS **5 ISLAND PARK PLACE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Cutchall Thomas S.**
STREET ADDRESS **P.O. Box 67390**
CITY-ST-ZIP **St. Pete Beach FL 33736**

TITLE **ST** ☒ Change ☐ Addition
NAME **Cutchall, SUSAN R.**
STREET ADDRESS **P.O. Box 67390**
CITY-ST-ZIP **St. Pete Beach FL 33736**

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Thomas S. Cutchall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03 (727) **344-3313**
Date Daytime Phone #

CR2E034 (10/02)