

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108087

1. Entity Name

T&C CANVAS, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90162 004 ***150.00

Principal Place of Business

Mailing Address

14024 PALM BEACH BLVD.
FORT MYERS FL 33905

C/O ROBERT D. ROYSTON, JR.
PO DRAWER 60205
FORT MYERS FL 33906

2. Principal Place of Business

3. Mailing Address

T&C Canvas, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14024 Palm Beach Blvd.

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33905

USA

4. FEI Number

65-0973878

Applied For

Not Applicable

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

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907

Name

Rebecca Kay Hillan

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

14024 Palm Beach Blvd.

City

Ft. Myers

FL

Zip Code

33905

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

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

Rebecca K. Hillan VP, S, T

4-17-00
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HILLAN, DENNIS CARL	
STREET ADDRESS	1005 JEFFERSON AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLAN, REBECCA KAY	
STREET ADDRESS	1005 JEFFERSON AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, S, T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 address, with all other like empowered.

SIGNATURE:

Rebecca K. Hillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 (941)694-3030

CR2E034 19/99