

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S09202

1. Entity Name

TCB AUTOMOTIVE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90185 011 ***150.00

Principal Place of Business

1269 SO HIGHLAND AVE
CLEARWATER FL 34616
US

Mailing Address

~~4434 S.E. EIGHTH ST.~~
OCALA FL 34471-3258
US

3366 S.E. 54 Ave
Ocala, FL
34471-9423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3036713

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPLIGER, RONALD J
4434 S.E. 8TH STREET
OCALA FL 34471

7. Name and Address of New Registered Agent

Name *Ronald J Oppliger*

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

3366 S.E. 54 Ave

City *Ocala*

FL

Zip Code *34471-9423*

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

Ronald J Oppliger

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

(NOTE: Registered Agent signature required when reinstating)

4-11-00

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

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *OPPLIGER, RONALD J.*
CITY-ST-ZIP ~~4434 S.E. EIGHTH ST~~ *3366 S.E. 54 Ave*
OCALA FL

TITLE ☐ Delete
NAME *D*
STREET ADDRESS *OPPLIGER, GEORGIA K.*
CITY-ST-ZIP ~~4434 S.E. EIGHTH ST~~ *3366 S.E. 54 Ave*
OCALA FL

TITLE ☐ Delete
NAME *S*
STREET ADDRESS *OPPLIGER, SCOTT*
CITY-ST-ZIP *1201 SEMINOLE BLD. APT 406*
LARGO FL 33770

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

Ronald J Oppliger
Signature and typed or printed name of signing officer or director

4-11-00

Date

727-461-1326 (Bus)

Daytime Phone #

CR2E034 (9/99)