

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52546

1. Entity Name

T L C CONSULTANTS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90076 028 ***150.00

Principal Place of Business

Mailing Address

213 DRAWORD RD
SUITE #3
NEW SMYRNA BEACH FL 32169
US

213 CRAWFORD RD
SUITE #3
NEW SMYRNA BEACH FL 32169-2303
US

2. Principal Place of Business

3. Mailing Address

5500 NW 5TH AVE

5500 NW 5TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33487

33487

4. FEI Number

65-0265253

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

NASH, GARY
213 CRAWFORD RD.
NEW SMYRNA BEACH FL 32169

Name

GARY D. NASH

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

5500 NW 5TH AVE

City

BOCA RATON

FL

Zip Code

33487

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

GARY D. NASH PRESIDENT T L C CONSULTANTS, INC.

3-3-2000

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

(NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	NASH, GARY D.	213 CRAWFORD RD	NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
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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:

GARY D. NASH PRESIDENT

3-3-2000

(561) 998-5523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)