

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2000 90076 028 ***150.00

DOCUMENT # S52546

1. Entity Name

T L C CONSULTANTS, INC.

Principal Place of Business 213 CRAWFORD RD SUITE #3 NEW SMYRNA BEACH FL 32169 US	Mailing Address 213 CRAWFORD RD SUITE #3 NEW SMYRNA BEACH FL 32169-2303 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5500 NW 5 TH AVE Suite, Apt. #, etc.	3. Mailing Address 5500 NW 5 TH AVE Suite, Apt. #, etc.
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City & State BOCA RATON, FL	City & State BOCA RATON, FL	4. FEI Number 65-0265253	Applied For <input type="checkbox"/> Not Applicable
Zip 33487	Country	Zip 33487	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)