

2001 UNIFORM BUSINESS REPORT (UBR).**DOCUMENT # V07760**

1. Entity Name

TDF FINANCIAL, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90179 050 ***150.00

Principal Place of Business

**1506-B BAY VILLA PLACE
TAMPA FL 33629**

Mailing Address

**1506-B BAY VILLA PLACE
TAMPA FL 33629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3169996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****C0047418**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****KELLY, T. PAINE JR.
400 NORTH TAMPA STREET
SUITE 2300
TAMPA FL 33602**

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.

SIGNATURE

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, 2001 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 ☐ Delete
NAME **PDT**
STREET ADDRESS **QUIGLEY, DANIEL N**
CITY-ST-ZIP **1506-B VILLA PLACE
TAMPA FL 33629**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CD**
STREET ADDRESS **MCKELL, THOMAS E**
CITY-ST-ZIP **2403 ARDSON PLACE
TAMPA FL 33629**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD**
STREET ADDRESS **KELLY, T. PAINE JR**
CITY-ST-ZIP **400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Walter L. Preska**
STREET ADDRESS **880 33rd Street East**
CITY-ST-ZIP **Palmetto, FL 34221**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **Stan Stephens**
STREET ADDRESS **5515 21st Avenue West, Suite D**
CITY-ST-ZIP **Bradenton, FL 34209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary-Director

Date

Daytime Phone #

4/12/01(813)273-4200

CR2E034 (10/00)