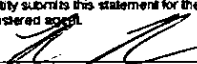
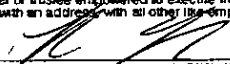


Apr 15 03 09:36a

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90288 001 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #440715		
1. Entity Name T & D SUPPLIERS, INC.		
Principal Place of Business 10295 N.W. 46 STREET SUNRISE, FL 33351 US		Mailing Address 10295 N.W. 46 STREET SUNRISE, FL 33351 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc. 1399 SW 30 Ave Ste 8		Suite, Apt. #, etc. 1399 SW 30 Ave Ste 8
City & State West Palm Beach FL		City & State West Palm Beach FL
Zip 33426		Country US
4. FEI Number 59-1518122		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THOMAS, TOM 10295 N.W. 46 STREET SUNRISE, FL 33361		7. Name and Address of New Registered Agent Name Tom Thomas Street Address (P.O. Box Number is not acceptable) 1399 SW 30 Ave Ste 8 City Boynton Beach FL Zip Code 33426
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 		DATE
(NOTE: Registered Agent's name is required on the statement)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P THOMAS, THOMAS A JR. 10295 N.W. 46 STREET SUNRISE, FL 33361	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address with all other like-empowered.		
SIGNATURE: 		Date 4/23/03 5612940150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Office Phone #

CR2034 (10/02)