2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F79312 **DOCUMENT #**

1. Entity Name T.B.I., INC.



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90155 010 ***150.00

Principal Place of Business SURE 4 SU							
Sure, App. #, etc. Sure,	4301 NW OAK SUITE 14	CIRCLE	4301 NW OAK CIRCLE SUITE 14				
City & State City & State City & State City & State Country C	2. Principal P	lace of Business	3. Mailing Address			I ABBATAD ITTA TABAH TASAD ITTA TIDAN ITAR ATABA A	(BI) BIBII BIBII BIBII BEBII (BE
Zip Country Zip Country 5. Certificate of Status Desired \$5.7 Additional Feb Regulated \$6. Name and Address of Current Registered Agent \$7. Name and Address of New Registered Agent \$7. Name and Address of	Suite, Apt.	#, etc.				CHECK HERE IF MAKING	
Set Principle Set Principl	City & State	е	City & State		4	4. FEI Number 59-2190679	<u> </u>
DISENBERG, JAMES L, ESO. ONE CLEARLAKE CENTER 250 AUSTRALIUAN AVE S. SUITE 1300 WEST PAIM BEACH FL 33401 8. The above named entity submrs this statement for the purpose of changing its registered office or negistered spent, or both, in the State of Florida. I am familiar with, and accept the objective of registered agent with a substance of registered agent and the substance. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OPFICERS AND DIRECTORS SIRET ADDRESS SIRET ADDRESS OPFI-5-72 TITLE UMA SIRET ADDRESS OPFI-5-72 OPFI-5-72 TITLE UMA SIRET ADDRESS OPFI-5-72 OPFI-5-72 TITLE UMA S	Zip	Country	Zip	Country			Fee Required
EISENBERG, JAMES L, ESO. ONE CLEARLAKE CENTER 250 AUSTRALLIAN AVE S, SUITE 1300 WEST PALM BEACH FL 33401 6. The above named entity submits this statement for the purpose of changing its registered office or negistered sgent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent. SIGNATURE		6. Name and Address of Curren	t Registered Agent		7	7. Name and Address of New Registered	Agent
STREET ADDRESS OTH'S STREET AD		ţ,		Name			
WEST PALM BEACH FL 33401 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 Florids. I am familiar with, and accept men chingiance degree and registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent and the famous of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent and the famous of registered agent with a statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both, in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both in the State of Florids. I am familiar with, and accept men chingiance of registered agent, or both in the state of Florids. I am familiar with, and accept men ching and accept men chingiance of registered agent, or both in the famili				Street /	Address (P.C). Box Number is Not Acceptable)	
### City ### Zip Code		and the second s					
8. The abovier 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 SUBMIT STATE STA							
SIGNATURE Suppose speed agent and stee if applicable. (NOTE: Registered Agent sometime required when in interesting in paid or criment in impressed agent and stee if applicable. (NOTE: Registered Agent sometime required when in interesting in paid or criment of its steel in the information supplied or finite and price in the information supplied with this filling docs not qualify for the servation in Solid in Section 19.07(5)(), Floridas Statuses I hunting contribution in this report or supplied with this filling docs not qualify for the servation in Solid in Section 19.07(5)(), Floridas Statuses I hunting contribution in this report or supplier terms and accurate and that may signature shall have on 60 or Florida Statuses. I hunting contribution. Signature P. Section							-
### Policy Surgiffully (noted on private drame all registered Agent signature recipitor when inflictation) Delete	the obligat		for the purpose of changing it	s registered office o	r registered	agent, or both, in the State of Florida. I am	familiar with, and acce
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 10. OFFICERS AND DIRECTORS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CI	SIGNATURE .	Signature typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered Agent signs	ture required who	en reinstating) DATE	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 10. OFFICERS AND DIRECTORS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP 11. ADDITIONS/CHANGES TO OFFICERS IN 11 TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CI							
Make Check Payable to Florida Department of State						9. Election Campaign Financing	\$5.00 May B
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S						Trust Fund Contribution.	Added to Fees
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET NAME STRE	10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11
NAME SITRET ADDRESS CITY-ST-ZIP DO				TITLE			
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33427 TITLE ZAWASKI, CATHY ANN P O BOX 2294 BOCA RATON FL 33427 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY			(50000				
CITY-ST-ZIP BOCA RATON FL 33427 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT				STREET ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET				CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Doleto	TITLE			☐ Change ☐ Addi
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33427 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDR		19	Descre	6			
CITY-ST-ZIP BOCA RATON FL 33427 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE							
TITLE Delete TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET A	•••				·		Change Addit
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT		1	Li Delete	IIICE			- Shoriango - Madit
CITY-ST-ZIP CITY-				i			
TITLE Delete				1			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM					 		☐ Channe ☐ Addit
STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP OCTOR STREET AD			∟ Delete				Unange Audit
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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							
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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. I further certify that the information of 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	·				-	·	Change D Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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. I further certify that the information of 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			☐ Delete				Thriange Theore
CITY-ST-ZIP CHange Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE					-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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. I further certify that the information 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							
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if	U117-51-ZIP						
STREET ADDRESS CITY-ST-ZIP 12. 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 10 or Block 11 if			☐ Delete		1		∟ Unange ∟ Addit
CITY-ST-ZIP 12. 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 10 or Block 11 if							
12. 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 10 or Block 11 if		1					
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under our that it arrival indices or director of the comparation 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			.487		<u> </u>		
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							
	of the co	rooration or the receiver or trustee em	nowered to execute this repo	rt as required by Ch	apter 607, F	Florida Statutes; and that my name appears	in Block 10 or Block 11

SIGNATURE: (2000)