2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91149 014 ***158.75

DOCUMENT # P00000047166

1. Entity Name
THINGS-4-FREE, INC.

Principal Place of Business	Mailing Address
371 MALLARD ROAD WESTON, FL 33327	371 MALLARD ROAD WESTON, FL 33327

2. Principal Place of Business	3. Mailing Address
5110 NE 28 AVE	5110 NE 28 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LIGHTHOUSE POINT, FL	City & State: LIGHTHOUSE POINT, FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-1031952** ☐ 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
PUMPHREY, GERALD R ESQ. 11000 PROSPERITY FARMS ROAD SUITE 300 PALM BEACH GARDENS, FL 33410	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILING FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTLEY, ROBERT JR 371 MALLARD ROAD WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTLEY, ROBERT JR 5110 NE 28 AVE LIGHTHOUSE POINT, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/29/03 (305) 299-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #