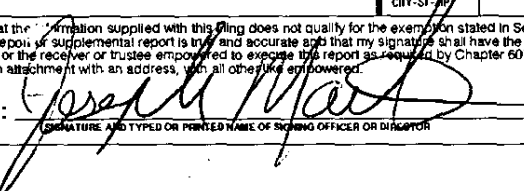


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91804 042 ***150.00

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

80111908

DOCUMENT # P01000069777					
1. Entity Name 3 T'S INC.					
Principal Place of Business 7044 MIDDLEBURY DR BOYNTON BCH, FL 33436		Mailing Address 7044 MIDDLEBURY DR BOYNTON BCH, FL 33436			
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 59-3729914	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, JOSEPH 7044 MIDDLEBURY DR BOYNTON BCH, FL 33436				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 4, 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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	DP HINTON, TA'VECA	7044 MIDDLEBURY DR	BOYNTON BCH, FL 33436	☐ Change ☐ Addition	
	DV HINTON, TIFFANY	7044 MIDDLEBURY DR	BOYNTON BCH, FL 33436	☐ Change ☐ Addition	
	DT ATKINSON, TERRENCE	7044 MIDDLEBURY DR	BOYNTON BCH, FL 33436	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ 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)(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: 				5/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	