

FILED
May 29, 2002 8:00 am
Secretary of State

05-07-2002 90183 001 ***450.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000102850

1. Entity Name
T-CUBED LIMITED, INC.

Principal Place of Business
803 FAIRWAY DRIVE
SUITE 2
NEW SMYRNA BEACH FL 32168

Mailing Address
803 FAIRWAY DRIVE
SUITE 2
NEW SMYRNA BEACH FL 32168

87349

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3756962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
TOLLEY, MARIAN P.

Street Address (P.O. Box Number is Not Acceptable)
803 FAIRWAY DRIVE, STE. #2

City
NEW SMYRNA BEACH

FL

Zip Code
32168

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

Marian P. Tolley
Signature, typed or printed name of registered agent and title if applicable

MARIAN P. TOLLEY
(NOTE: Registered Agent signature required when reinstating)

4-29-01
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, 2002 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 PD
NAME TOLLEY, LEWIS R Delete
STREET ADDRESS 803 FAIRWAY DRIVE SUITE 2
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE P.D. Change Addition
NAME Robert C. TOLLEY - P.D.
STREET ADDRESS 803 FAIRWAY DRIVE STE #2
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168

TITLE STD Delete
NAME TOLLEY, ROBERT C
STREET ADDRESS 803 FAIRWAY DRIVE SUITE 2
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE V.P. D. Change Addition
NAME W. P. D.
NAME WILLIAM N. TOLLEY
STREET ADDRESS 803 FAIRWAY DRIVE, STE. #2
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SCOT Change Addition
NAME MARIAN P. TOLLEY
STREET ADDRESS 803 FAIRWAY DRIVE, STE. #2
CITY-ST-ZIP NEW SMYRNA BEACH, FL. 32168

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE 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 all other like empowered.

SIGNATURE:

Marian P. Tolley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/2002
Date

386-478-1220
Daytime Phone #

MARIAN P. TOLLEY - Sec/Treas.

CR2E034 (9/01)