

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000006422

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: TSB HOLDINGS INC.

Current Principal Place of Business:

1025 S. SEMORAN BLVD #1093
WINTER PARK, FL 32792

New Principal Place of Business:

255 S. ORANGE AVE
SUITE 1501, CITRUS CENTER
ORLANDO, FL 32801

Current Mailing Address:

5703 RED BUG LAKE RD #226
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 75-2337459 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIANNETTO, C
5703 RED BUG LAKE RD #226
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PARNELL, MICHAEL
Address: 10 GUNNEBO DR.
City-St-Zip: LONOICE, AR

Title: CEO () Delete
Name: SALISBURY, ROY Y
Address: 5703 RED BUG LAKE RD #226
City-St-Zip: WINTER SPRINGS, FL

Title: SD () Delete
Name: GIANNETTO, CHARLES
Address: 5703 RED BUG LAKE RD #226
City-St-Zip: WINTER SPRINGS, FL

Title: T () Delete
Name: NEILS, SCOTT
Address: 5703 RED BUG LAKE RD #226
City-St-Zip: WINTER SPRINGS, FL

Title: D () Delete
Name: KETCHUM, WILLIAM
Address: 100 GLEN EAGLE RD.
City-St-Zip: OXFORD, MS

Title: D () Delete
Name: NICKLE, CHARLES R
Address: #2 ROBINSWOOD
City-St-Zip: FAYETTEVILLE, AR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT NEILS

T

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date