

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006422

1. Entity Name
TSB HOLDINGS INC.



Principal Place of Business
255 S. ORANGE AVE
SUITE 1501, CITRUS CENTER
ORLANDO FL 32801

Mailing Address
5703 RED BUG LAKE RD #226
WINTER SPRINGS FL 32708

2. Principal Place of Business.

3. Mailing Address

255 S. ORANGE AVE
SUITE, Apt. #, etc.
1501 CITRUS CTZ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

Zip

Country

Zip

Country

32835

REINSTATEMENT 8.3

CHECK HERE IF MAKING CHANGES

4. FEI Number 75-2337459
20-0123229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Giannetto, C
Street Address (P.O. Box Number is Not Acceptable)
8815 CONROY WINDERMERE RD
#104
City: Orlando FL Zip Code: 32835

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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	PCD PARNELL, MICHAEL 10 GUNNEBO DR. LONOICE AR	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SALISBURY, ROY Y 5703 RED BUG LAKE RD #226 WINTER SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIANNETTO, CHARLES 5703 RED BUG LAKE RD #226 WINTER SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEILS, SCOTT 5703 RED BUG LAKE RD #226 WINTER SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KETCHUM, WILLIAM 100 GLEN EAGLE RD. OXFORD MS	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKLE, CHARLES R #2 ROBINSWOOD FAYETTEVILLE AR	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres/DIR JAMES JENKINS 8815 CONROY WINDERMERE RD. #104 Orlando, FL 32835	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900024610949 11/12/03--01053--012 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDERMERE #104 32835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03

407.649-8325
X102

Date Daytime Phone *

CR2E034 (4/03)

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