

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90158 038 ***150.00

DOCUMENT # F02000000721

1. Entity Name
TBI (U.S), INC.



Principal Place of Business
3 RED CLEVELAND BLVD., STE 3222
SANFORD FL 32773

Mailing Address
3 RED CLEVELAND BLVD., STE 3222
SANFORD FL 32773



2. Principal Place of Business
3222 Red Cleveland Blvd.
Suite, Apt. #, etc.

3. Mailing Address
3222 Red Cleveland Blvd.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sanford, FL
Zip
32773
Country
USA

City & State
Sanford, FL
Zip
32773
Country
USA

4. FEI Number 59-3527467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, KEITH
THREE RD CLEVELAND BLVD., STE 3222
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3222 Red Cleveland Blvd.
City Sanford FL Zip Code 32773

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 Keith Robinson, CFO
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Keith Robinson 3/11/03
DATE

FILE NOW!!! 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

TITLE	P	<input type="checkbox"/> Delete
NAME	GOULDTHORPE, LARRY	
STREET ADDRESS	3 RED CLEVELAND BLVD., STE 3222	
CITY-ST-ZIP	SANFORD FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBINSON, KEITH	
STREET ADDRESS	3 RED CLEVELAND BLVD., STE 3222	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gouldthorpe, Larry	
STREET ADDRESS	3222 Red Cleveland Blvd.	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Keith	
STREET ADDRESS	3222 Red Cleveland Blvd.	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William J. Evans, Jr.	
STREET ADDRESS	3222 Red Cleveland Blvd.	
CITY-ST-ZIP	Sanford, FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Keith Robinson, CFO 3/11/03 407-585-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)