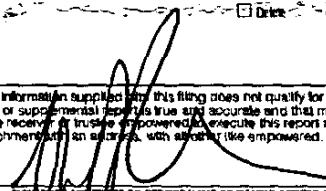


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002182			
1. Entry Name THAMES TRADING INC.			
Principal Place of Business 509 SOUTH PONCE DE LEON BLVD ST AUGUSTINE, FL 32084		Mailing Address 509 SOUTH PONCE DE LEON BLVD ST AUGUSTINE, FL 32084	
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 59-2846093		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAW, MICHAEL J ENGLISH LANDING MARINA 609 SOUTH PONCE DE LEON BLVD ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
PD	RAPHAEL, GEORGE		
STREET ADDRESS	GUNNS CAMP		
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA.		
TITLE	NAME	TITLE	NAME
VD	HORNER, SARAH		
STREET ADDRESS	GUNNS CAMP		
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA.		
TITLE	NAME	TITLE	NAME
SD	MACKENZIE, JENNA		
STREET ADDRESS	GUNNS CAMP		
CITY-ST-ZIP	B/BAG 33, MAUN, BOTSWANA.		
TITLE	NAME	TITLE	NAME
T	SHAW, MICHAEL J.		
STREET ADDRESS	609 S PONCE DE LEON BLVD		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	TITLE	NAME
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
12. I hereby certify that the information supplied for 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 reports 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 authority (we empowered).			
SIGNATURE: 		30 June 2003	
NON-USE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

JK 7/8