

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 038 ***150.00

DOCUMENT # F93000003155

1. Entity Name
T. H. ADMINISTRATION, INC.

Principal Place of Business 1886 ROUTE 52 HOPWELL JUNCTION NY 12533	Mailing Address 1886 ROUTE 52 HOPWELL JUNCTION NY 12533
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2. Principal Place of Business 2424 ROUTE 52 Suite, Apt. #, etc.	3. Mailing Address 2424 ROUTE 52 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Hopewell Jct NY	City & State Hopewell Jct NY
Zip 12533	Zip 12533
Country USA	Country USA

4. FEI Number 13-3446440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE D NAME TOLLMAN, BRETT G STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION NY 12533	<input type="checkbox"/> Delete
TITLE D NAME KENDZIERA, CRAIG STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION NY 12533	<input type="checkbox"/> Delete
TITLE CD NAME TOLLMAN, STANLEY S STREET ADDRESS 1886 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION NY 12533	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TOLLMAN, BRETT G STREET ADDRESS 2424 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION, NY 12533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME KENDZIERA, CRAIG STREET ADDRESS 2424 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION, NY 12533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP NAME MONTY HUNDLEY STREET ADDRESS 2424 ROUTE 52 CITY-ST-ZIP HOPWELL JUNCTION, NY 12533	<input type="checkbox"/> Change <input checked="" 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

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: _____ Date **4/25/00** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/99)