

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0408137 AV

**DOCUMENT # G18673**

1. Entity Name  
**7 T'S ENTERPRISES, INC.**

03-20-2002 90063 005 \*\*\*150.00

Principal Place of Business 9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016	Mailing Address 9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2245115</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>LASALLE, THOMAS L.</b> <b>5353 N FEDERAL HWY</b> <b>#405</b> <b>FT. LAUDERDALE FL 33308</b>				Name <b>Richard L. Wilson</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>9905 Clint Moore Rd.</b>			
				City <b>Boca Raton</b>		State <b>FL</b>	

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 *Richard L. Wilson* DATE 3/5/02

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.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, STEPHEN</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASALLE, KATHY</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, CINDY</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSHOCK, JANE.</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, NORMAN</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JOHN JR</b>	NAME	
STREET ADDRESS	<b>9905 CLINT MOORE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	CITY-ST-ZIP	

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: *STEPHEN M. THOMAS* DATE 3/5/02 DAYTIME PHONE # 576-482-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)