2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K67928

1. Entity Name

T. S. BUILDERS, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90064 019 ***150.00

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Principal Place of Business PO BOX 14128 TALLAHASSEE FL 32317			Mailing Address PO BOX 14128 TALLAHASSEE FL 32317						
ace of Busir	ess	3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKIN	G CHANGES	ŝ
City & State			City & State			4. FEI Number 59-2935522 Applied For Not Applicable			
Country			ZipCountry_			5. Certificate of Status Desired			
6. Name	and Address of Curre	nt Register	Registered Agent						
	. 1				Name				
JAMES R.			<u> </u>			(P.O. Box Number is Not Acceptable)			
				}					
				City			Fi	Zip Cod	de
		for the purp	oose of changing its	registere	d office or registe	red ag	ent, or both, in the State of Florida. I arr	familiar with	, and accept
Signature, typed	or printed name of registered age	ent and title if app	olicable. (NOT	E: Regislered	Agent signature require	d when re	einstating) DATE		
May 1, 200	3 Fee will be \$550.00						9. Election Campaign Financing Trust Fund Contribution.		00 May Be ,
Make Check Payable to Florida Department of State									
	_ OFFICERS AN	D DIRECTO	PRS	11.		AD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 11
SKIPPER, : RT 6 BOX	397 Q		☐ Delete		I			☐ Change	☐ Addition
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	FL 32317 ace of Busin t, etc. 6. Name JAMES R. FON COUR SEE FL 32 mamed entity ons of register actions of register Biginature, typed LE NOW!! May 1, 200 Payable to PSKIPPER, ST 6 BOX	Country 6. Name and Address of Curre JAMES R. ON COURT SEE FL 32311 hamed entity submits this statement ons of registered agent. E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department OFFICERS AN P SKIPPER, STEVE RT 6 BOX 397 Q QUINCY FL	FL 32317 TALL ace of Business 3. Ma 4, etc. City 6. Name and Address of Current Register JAMES R. ON COURT SEE FL 32311 named entity submits this statement for the purpons of registered agent. E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTO P SKIPPER, STEVE RT 6 BOX 397 Q QUINCY FL	FL 32317 PO 60X 14128 TALLAHASSEE FL 32317 ace of Business 3. Mailing Address 4, etc. City & State Country Zip 6. Name and Address of Current Registered Agent JAMES R. ON COURT SEE FL 32311 The state of the purpose of changing its part of the purpose of the purpose of changing its part of the purpose of the purpose of changing its part of the purpose of the purpo	FL 32317 PO BOX 14128 TALLAHASSEE FL 32317 ace of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Zip	FL 32317 PO BÖX 14128 TALLAHASSEE FL 32317 3. Mailing Address J., etc. Suite, Apt. #, etc. City & State ——————————————————————————————————	FL 32317 PO 80X 14128 TALLAHASSEE FL 32317 Acc of Business 3. Mailing Address 4. City & State 4. Country Zip Country Zip Country Signature 6. Name and Address of Current Registered Agent 7. Name Street Address (P.O. E Street Address (P.O. E City Named entity submits this statement for the purpose of changing its registered office or registered agent or registered agent. (NOTE: Registered Agent signature required when note that the purpose of changing its registered agent agent and alled if applicable. ENOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTORS PSKIPPER, STEVE RT 6 BOX 397 Q QUINCY FL Delete ITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME NAME SIREET ADDRESS CITY-ST-ZIP Delete TILE NAME	FL 32317 TALLAHASSEE FL 32317 Acc of Business 3. Mailing Address Suite, Apl. 4, etc. CHECK HERE IF MAXIN City & State 4, FEI Number 59-2935522 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered 1	FL 3217 TALLAHASSEE FL 3217 TALLAHASSEE FL 3217 TALLAHASSEE FL 3217 CHECK HERE IF MAKING CHANGE A. FEI Number 59-2935522 T. Country S. Confidence of Status Desired ————————————————————————————————————

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. <u> ATYRE REQUIRED</u> 1-8-03 850 545 7374 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR