FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 02, 2002 8:00 am Secretary of State K86965 DOCUMENT # 1. Entity Name THOMAS SALES & SERVICE, INC. 05-02-2002 90138 031 ***150.00 Principal Place of Business Mailing Address 3464 NW 26TH COURT 3464 NW 26TH COURT RAAAAA **BOCA RATON FL 33434-3432** BOCA RATON FL 33434-3432 2. Principal Place of Business 3. Mailing Address 300 NE 26th Avenue 300 NE 26th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Bldg 10 Apt. 210 Bldg. 10 Apt. 210 City & State 4. FEI Number Applied For 65-0117785 Boynton Beach, FL Boynton Beach, Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33435 USA 33435 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Arthur L. Thomas THOMAS, ARTHUR ---Street Address (P.O. Box Number is Not Acceptable) 300 NE 26th Avenue BLDG 10 Apt. 210 34/4 NW 26TH CT 2460 NW 1ST AVE **BOCA RATON FL 33432** Boynton Beach, 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 04-17-07 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, ARTHUR L. NAME NAME 3464 NW 26TH COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE THOMAS, PHYLLIS J. NAME NAME 3464 NW 26TH COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition