

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000004423

FILED
Feb 13, 2003
Secretary of State

Entity Name: T & H HOLDINGS, LLC

Current Principal Place of Business:

1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

Current Mailing Address:

1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741

New Mailing Address:

1254 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34741 US

FEI Number: 04-3614063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHALIFOUX, THOMAS E JR.
2311 INDIAN MOUND TR.
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

CHALIFOUX, THOMAS E JR.
3500 OLD TAMPA HWY.
KISSIMMEE, FL 34741 US

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: THOMAS E. CHALIFOUX, JR.

02/13/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CHALIFOUX, THOMAS E JR
Address: 3500 OLD TAMPA HWY.
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MGRM () Change (X) Addition
Name: CHALIFOUX, HARRY W
Address: 3325 INDIANA AVE.
City-St-Zip: ST. CLOUD, FL 34769 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS E. CHALIFOUX, JR.

MGRM

02/13/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date