

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99-2319

1. Entity Name

T+H ACQUISITIONS L.E.

Principal Place of Business

Mailing Address

8795 W MCNAB RD PO BOX 26570
TAMARAC FL 33321 TAMARAC FL 33320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0993871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 19 PM 4:29

[Handwritten signature]

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOM LOMAX
8795 W MCNAB RD
TAMARAC FL 33321

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten signature: Tom Lomax]

6-16-00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TOM LOMAX</u> <u>MGR</u> <input type="checkbox"/> Delete <u>8795 W MCNAB RD</u> <u>TAMARAC FL 33321</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HOWARD SKARIN</u> <u>MGR</u> <input type="checkbox"/> Delete <u>8795 W MCNAB RD</u> <u>TAMARAC FL 33321</u>
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10.

ADDITIONS/CHANGES

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*******50.00** ☐ Change ☐ Addition

11. 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 is true and accurate and that my 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:

[Handwritten signature: Tom Lomax]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

6-16-00 954.724.3099

CR2E083 (11/99)