2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Jan 21, 2003 8:00 am Secretary of State M33420 DOCUMENT # 1. Entity Name 01-21-2003 90136 042 ***150.00 THO-EL, INC. Principal Place of Business Mailing Address 1465 N.W. SISTRUNK BLVD. 1465 N.W. SISTRUNK BLVD. 60008800 FT. LAUDERDALE FL 33311-7986 FT. LAUDERDALE FL 33311-7986 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0118406 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent JAMES, LEON J Street Address (P.O. Box Number is Not Acceptable) 1465 SISTRUNK BLVD. FT. LAUDERDALE FL 33311 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE NAME JAMES, LEON ☐ Change ☐ Addition NAME STREET ADDRESS 2941 N.W. 8TH ROAD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change JAMES, LOUIS ☐ Addition NAME STREET ADDRESS 2817 N.W. 8TH ROAD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE NAME ☐ Change · ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 changed or on an attachment with an address, with all other like appropriated.

FILED

Daytime Phone #