

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90384 043 ***150.00

DOCUMENT # M95248



1. Entity Name
T.S.B., INC.

Principal Place of Business
**4337 OKEECHOBEE BLVD. H3.4.5
WEST PALM BEACH FL 33409**

Mailing Address
**4337 OKEECHOBEE BLVD. H3.4.5
WEST PALM BEACH FL 33409**

80019451



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0071037**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMPKE, WILLIAM, III
77 MILESTONE WAY
WEST PALM BEACH FL 33463**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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

Make Check Payable to Florida Department of State

Election Campaign Financing - Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	EMPKE, WILLIAM, III
STREET ADDRESS	77 MILESTONE WAY
CITY-ST-ZIP	WEST PALM BCH. FL
TITLE	VP <input type="checkbox"/> Delete
NAME	EMPKE, WILLIAM JR.
STREET ADDRESS	5112 WHITEWOOD WAY
CITY-ST-ZIP	L.W. FL
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	EMPKE, FLORENCE
STREET ADDRESS	5112 WHITE WOOD WAY
CITY-ST-ZIP	L.W. FL
TITLE	T <input type="checkbox"/> Delete
NAME	EMPKE, MARIE P.
STREET ADDRESS	77 MILESTONE WAY
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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.

SIGNATURE: _____
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____
1/30/03 961 471-0044

CR2E034 (10/02)