2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003211

Entity Name: TIME TITHERS, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4691 COUNTRY MANOR DRIVE SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 4691 COUNTRY MANOR DRIVE SARASOTA, FL 34233 FEI Number: 65-1144939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HECKER, SUSAN BARRETT 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition PERRY, MAXINE Name: Name: Address: Address: 5312 SIESTA COURT City-St-Zip: City-St-Zip: SARASOTA, FL 34242 US Title: Title: () Change (X) Addition () Delete Name: Name: FANTZ, BERNARD Address: Address: 5201 BAHIA VISTA STREET, APT 436 City-St-Zip: City-St-Zip: SARASOTA, FL 34232 US Title: () Delete Title: () Change (X) Addition PIERCE, J. DAVID DR. Name: Name: 2519 MONTEREY ST. Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34231 US Title: () Delete Title: PD () Change (X) Addition Name: Name: HIGGINBOTHAM, ALLEN B 4691 COUNTRY MANOR DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34233 US Title: () Delete Title: **VSTD** () Change (X) Addition HIGGINBOTHAM, LINDA C Name: Name: 4691 COUNTRY MANOR DRIVE Address: Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34233 US Title: () Delete Title: () Change (X) Addition PORTER, BRUCE W DR. Name: Name: Address: Address: 8431 WOODBRIAR DRIVE SARASOTA, FL 34238 US City-St-Zip: City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN B. HIGGINBOTHAM P/D 04/30/2002