

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 90721 038 \*\*\*\*70.00

**DOCUMENT # N99000007116**  
1. Entry Name  
**THE TIMBUKTU RESEARCH CONSORTIUM, INC.**



Principal Place of Business: 952 FLOWERSVIEW BLVD. LAUREL HILL FL 32567  
Mailing Address: 952 FLOWERSVIEW BLVD. LAUREL HILL FL 32567

**55047497**

2. Principal Place of Business: *Same as Above*  
3. Mailing Address: *Same as Above*



CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-3622093**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CAMPBELL, ELINOR**, 952 FLOWERSVIEW BLVD, LAUREL HILL FL 32567  
*Remain as Registered Agent*

7. Name and Address of New Registered Agent: ~~DAVID THRASH, 19 CHICASAW AVENUE, LOCKHART, FL 32855~~

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.  
*(MS) Campbell will remain Registered Agent*  
4-29-03

SIGNATURE: *[Signature]* DATE: *4-29-03*

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME: PT ABDULLAH, TARIQ H	<input type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 952 FLOWERSVIEW BLVD		STREET ADDRESS:	
CITY-ST-ZIP: LAUREL HILL FL 32567		CITY-ST-ZIP:	
TITLE NAME: VPT CAMPBELL, ELINOR	<input checked="" type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 952 FLOWERSVIEW BLVD	<i>Remain the same</i>	STREET ADDRESS:	
CITY-ST-ZIP: LAUREL HILL FL 32567	<i>omit "Delete"</i>	CITY-ST-ZIP:	
TITLE NAME: ST STAPLES, MABELOUS	<input checked="" type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 952 FLOWERSVIEW BLVD	<i>Remain the same</i>	STREET ADDRESS:	
CITY-ST-ZIP: LAUREL HILL FL 32567	<i>secretary</i>	CITY-ST-ZIP:	
TITLE NAME: ASD MILTON, MARIA	<input checked="" type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 952 FLOWERSVIEW BLVD		STREET ADDRESS:	
CITY-ST-ZIP: LAUREL HILL FL 32567		CITY-ST-ZIP:	
TITLE NAME: TT THRASH, DAVID	<input type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 19 CHICASAW AVENUE		STREET ADDRESS:	
CITY-ST-ZIP: LOCKHART AL 36455		CITY-ST-ZIP:	
TITLE NAME:	<input type="checkbox"/> Delete	TITLE NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		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)(f), 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 617, 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: *David P. Abdullah* TARIQ H. Abdullah (Officer - President)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE037 (10/02)



Attachment 55047497  
#N9900007116

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 20, 2003

THE TIMBUKTU RESEARCH CONSORTIUM, INC.  
952 FLOWERSVIEW BLVD.  
LAUREL HILL, FL 32567

Subject: THE TIMBUKTU RESEARCH CONSORTIUM, INC.

Reference Number: N99000007116

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/mf  
ANNUAL REPORTS SECTION

6-5-03

Please find corrections on the original form I sent in and you returned to me.

No new form was presented & sent T.H.A.

Jarig Abdullah  
6-5-03