

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 24, 2001 8:00 am
Secretary of State

04-19-2001 90021 001 ***150.00

DOCUMENT # P00000006362

1. Entity Name

TIM MCLEOD INC.

Principal Place of Business

261 S.W. 4TH STREET
 DANIA BEACH FL 33004

Mailing Address

261 S.W. 4TH STREET
 DANIA BEACH FL 33004

2. Principal Place of Business

13060 Vista Isle Dr

3. Mailing Address

13060 Vista Isle Dr

Suite, Apt. #, etc.

211

Suite, Apt. #, etc.

211

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0976138

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEOD, TIM
 261 S.W. 4TH STREET
 DANIA BEACH FL 33004

7. Name and Address of New Registered Agent

Name: McLeod, Tim

Street Address (P.O. Box Number is Not Acceptable)

13060 Vista Isle Dr, Ste 211

City: Sunrise

FL

Zip: 33325

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: Tim McLeod
 NAME: Tim McLeod
 STREET ADDRESS: 13060 Vista Isle Dr #211
 CITY-ST-ZIP: SUNRISE, FL 33325

TITLE: PRESIDENT
 NAME: Tim McLeod
 STREET ADDRESS: 13060 Vista Isle Drive #211
 CITY-ST-ZIP: SUNRISE FL 33325

TITLE:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
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 STREET ADDRESS:
 CITY-ST-ZIP:

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TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

249 2770

Daytime Phone #

CR2E034 (10/00)