

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90053 019 ***150.00

DOCUMENT # P00000021571

1. Entity Name
T & B HOLDINGS, INC.



Principal Place of Business
**660 MCCUE ROAD
LAKELAND FL 33710**

Mailing Address
**660 MCCUE ROAD
LAKELAND FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3672214**

Applied For
Not Applicable

Zip
33815-3280

Country

Zip
33815-3280

Country

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

6. Name and Address of Current Registered Agent

**JACOBSON, RICHARD A
501 E. KENNEDY BLVD., SUITE 1500
TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
REFAE, BADR
660 MCCUE ROAD
LAKELAND FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LAKELAND FL. 33815-3280 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
REFAE, THABIT
660 MCCUE ROAD
LAKELAND FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LAKELAND FL. 33815-3280 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOUSTON, RUSSELL
660 MCCUE ROAD
LAKELAND FL 33710** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LAKELAND FL. 33815-3280 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JACOBSON, RICHARD A
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LAKELAND FL. 33815-3280 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 of Russell Houston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/03 863-603-7739

CR2E034 (10/02)