2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000038957 DOCUMENT

1. Entity Name

THOMAS ENTERPRISES OF USA INC.



Mar 17, 2003 8:00 am Secretary of State **FILED**

03-17-2003 90675 040 ***150.00

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (PO, Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. 9. FILE NOW!!! FEE Is \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE 10. WOUAKIEWICZ, THOMASZ SIRET ADDRESS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE 12. Change Addition NAME 13. SIRET ADDRESS 14. STAYE S APT 48-C 15. SIRET ADDRESS 15. OFFICERS AND FIRE READINGS 16. OFFICERS AND DIRECTORS IN 11 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition NAME 10. Change Add	City & State		City & State			4. FE	59-3637171		→	<u> </u>	
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Siteret Address (P.O. Box Number is Not Acceptable) Siteret Address (P.O. Box Number					Name	446	7 -1205 A	KIEL	21.CZ)	
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B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE TOMASZ WOSAKIE WICZ 1/25/03	SAINT PETERSBURG FL	.33707 SP	ELLING								
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information	CITY_ST_7IP				1						

Indicated on this report or supplied with this filing does not quality 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.

TOMASE WOSAKIEWICE

SIGNATURE: