

FILED

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

02 MAY 17 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000060786**

1. Entity Name **Tum Rub, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **32716 US Hwy 19 N**
State, Apt. #, etc.

3. Mailing Address **2207 54th St S**
Suite, Apt. #, etc.

City & State **Palm Harbor, FL**
Zip **34684** County **Pinellas**

City & State **Gulfport, FL**
Zip **33707** County **Pinellas**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name **David C. Hastings, CPA**
Street Address (P.O. Box Number is Not Acceptable) **2207 54th St. S.**
City **Gulfport, FL 33707** Zip Code **FL**

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 _____ DATE _____
Signature typed or printed name of highest officer and title of applicant (NOTE: Registered Agent signature required when re-registering)

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

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Entity Fee: \$150.00
Mailing Fee: \$50.00
Merged UBR: \$3125
Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **Thawil Pudstone**
STREET ADDRESS **32716 us Hwy 19 N**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200005677812--7
-06/04/02--01061--017
******150.00 ****150.00**

TITLE **STD**
NAME **Somjit Tepwong**
STREET ADDRESS **32716 US Hwy 19 N**
CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. 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 contained 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 601, Florida Statutes, and that my name appears in Block 11 or on an attachment with an officer, with an officer like employee, etc.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (72) 781-3515

75 5/24/02