2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000082536

DOCUMENT # 1. Entity Name

TIM THROWER SERVICES, INC.



FILED May 05, 2003 8:00 am Secretary of State
05-05-2003 92201 009 ***150.00

CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP								DO WE	130					
Sulfo, Ap. #, etc. Sulfo, Ap. #, etc. Sulfo, Ap. #, etc. CHECK HERE IF MAKING CHANGES City & State Country Zip Country 5, Certificate of Status Desired 58-75 Additional Fee Required 6. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent MULLIN, JAMES G Street Address (P.O. Box Number's Not Acceptable) Sulfe & BOCA RATION FL 33431 City FL Zip Code 8. The above address of hew Registered Agent Address of New Registered Agent 8. The above address of the Purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with and accept three obligations of physicians agency agency 8. The above are address was agence agency and the representative 8. SIGNATURE Make Make Make 8. SIGNATURE Make Make Make Make 8. SIGNATURE Make Make Make Make 8. SIGNATURE 9. SIGNATURE Make 8. SIGNATURE 9. SIGNATURE Make 9. SIGNATURE 9.	1955 SE 4TH STREET				1955 SE 4TH STREET				i	I A BANGAR AN BANK BANK BANK BANK			<u>i</u> i 1111 0 0111 1011	
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B. 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 pegistered agent. SIGNATURE	SUITE 6		·											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	m 15 Nower - 4/30/03													
After May 1, 2003 Fee will be \$550.00 i Make Check Payable to Florida Department of State 11	JIGNATURE.	Signature; typed	or printed nam	e of registered agent s	and title if appl	licable. (NOT	E: Registere	d Agent signature	e required	when rei	instating)	DATE		
THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After May 1, 2003 Fee will be \$550.00 \$5.00 May Be													
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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, withall other like empowered.

GNATURE:

SIGNATURE:

Daytime Phone #