

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 000000 83034

1. Entity Name

TBH Technologies, INC.

Principal Place of Business

Mailing Address Same

4032 LANDO' LAKES BLVD
LANDO' LAKES FL 34639

2. Principal Place of Business

4022 LANDO' LAKES BLVD

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANDO' LAKES, FL

City & State

4. FEI Number

593667979

Applied For

Not Applicable

Zip

34639

Country

FL

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RANDY E HALL
4032 LANDO' LAKES, BLVD
LANDO' LAKES FL 34639

7. Name and Address of New Registered Agent

Name RANDY E HALL
Street Address (P.O. Box Number is Not Acceptable)
4022 LANDO' LAKES BLVD
City LANDO' LAKES FL Zip Code 34639

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 RANDY E HALL

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

Signature of Registered Agent

7/21/01

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 NAME STREET ADDRESS CITY-ST-ZIP	President RANDY E HALL 3945 LAKE JOYCE DR LANDO' LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres/Sec/Treas KATHLEEN A HALL 3945 LAKE JOYCE DR LANDO' LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 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 like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/21/01 813 996 4003

Date

Daytime Phone #

CR2E034 (11/00)