## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2002 8:00 am Secretary of State

DOCUMENT#				02-07-2002 90008 037 ***150.00		
1. Entity Nam	· · · · · · · · · · · · · · · · · · ·	8302A		02-07-2002 9000	8 037 ***130.00	
TBH Technologies, Inc.						
	IBIT IECTIONS	es, Inc.				
l	DO NOT WRITE	IN THIS SPA	CE			
2. Principal Place of Business 4022 Laudo Lales Blue 4022 Lando Lake Blue Suite, Apt. #, etc.  Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Stat	Lakes Fl	City & State LANDO' LAK		FEI Number 593667979	Applied For Not Applicable	
34639	Country PAS Co	34639 P	usco	Certificate of Status Desired	\$8.75 Additional Fee Required	
			Name Rand	Iame and Address of Current Registers	d Agent	
Street Address (P.Q. Box Number is Not Acceptable)						
	IN THIS SPA	ACE				
			City Land	shakes Fl	- 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 (President) PHALLIS 28 Tan 0.2 Signature, typed of printed name of registered agent and title if applicable. PROTE: Condered Agent signature required when reinstaining)  OATE						
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  January 1 - May 1 After May 1, F Amended UE Make Check Payable to			e is \$550.00 l is \$61,25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DI	RECTORS				
TITLE NAME	President Ray	- I - I - I - I - I - I - I - I - I - I	TLE AME		12/0	
STREET ADDRESS City+ST-Zip	RANdy E HAII 8945 Lake Jayce Land of Lakes, E	Dr S	TY-ST-ZIP		CRZE034B (12/01)	
TITLE	VP, Seal Treasure	7 3 4 6 37	TLE	<u> </u>		
NAME	Kathleen H. HAL		AME		8	
STREET ADDRESS City-St-Zip	3945 Lake Joyce 1	~ ,	TY-ST-ZIP			
TITLE		ī	TLE			
NAME STREET ADDRESS			AME REET ADDRESS	DO NOT MO	4-4-4-	
CITY-ST-ZIP			TY-ST-ZIP	DO NOT WR		
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STREET ADDRESS CITY-ST-ZIP		4	TY+ST-ZIP			
indicated of the co	certify that the information supplied with it is on this report or supplemental report is to reportation or the receiver or trustee empor	rue and accurate and that my sign wered to execute this report as re	nature shall have the same	e legal effect as if made under oath; that I	am an officer or director	

SIGNATURE: PLANE RANDY E HALL PresideNt 28-JAN OR 8139964003