FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000830341. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90600 049 ***150.00

TBH ⁻	Technologies, Inc.	v/			01 21 20	303 700	,000	150.		
DO NOT WRITE IN THIS SPACE						90007502				
2. Principal Place of Business 3. Mailing Address				the Blad						
Suite, Apt.	nd O Lakes Blvd #, etc.	4022 Land O Lakes Blvd Suite, Apt. #, etc.			\dashv	DO NOT WRITE IN THIS SPACE				
City & Stat	e	City & State			4. FI	4. FEI Number Applied For				
Land O L	akes Fl.	Land O Lakes FI				59-3667979		***	Not Applic	_
^{Zip} 34639	Country Zip Pas∞ 34639			Country Pasco		ertificate of Status Desired			5 Additional equired	
				Name Do		ne and Address of Current I	Registere	d Agen	nt	
	DO NOT-W	~=====================================	Randy E. Hall						 	
	·	Chock Floatest (1.5. Solv Harlest 15 Not Flootestate)								
	IN THIS SE			nd O Lakes Blvd						
				City Land			FL	<u>- 3</u>	p Code 4639	
	named entity submits this statement for fons of registered agent.	or the purpose of ch	nanging its register	red office or regi	istered age	nt, or both, in the State of Flo	rida. I am	tamiliar	with, and acc	ept
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable.	(NOTE: Registen	ed Agent signature rec	juked when rein	stating)	1-/6 DATE	2-0	23	
	nuary 1 - May 1 Fee Is \$150.00	1975 k.l. 1986 - 19				Election Campaign Fina Trust Fund Contribution	· ·		\$5.00 May I	
Make Check	Payable to Florida Department of OFFICERS AND		· · · · · · · · · · · · · · · · · · ·							
TITLE	President	DINECTORS	TITL	.E					. , ,	- 1 8
NAME STREET ADDRESS	Randy E. Hall		NAM STR	ME LEET ADDRESS						(12
CITY-ST-ZIP	3945 Lake Joyce Dr			Y-ST-ZIP						<u>8</u>
TITLE	Vice President, Sec Treas	ure	TITL	-						CR2E034B (12/02)
NAME STREET ADDRESS	Kathleen A. Hall		NAA STR	ME Leet address						0
CITY-ST-ZIP	3945 Lake Joyce Dr			Y-ST-ZIP		(,				
TITLE			חדן	- '1						
NAME STREET ADDRESS			NAM STR	ieet address		DO NOT	MA/POI		•	
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TITLE			TITL			IN THIS S	SPA	CE		
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NAME STREET ADDRESS			NAA Str	AE EET ADDRESS						-
CITY-ST-ZIP			СП	Y-ST-ZiP						
indicated of the co	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp of with an address, with all other like ex-	s true and accurate powered to execute	and that my sions	ture shall have t	the same le	gal effect as if made under o	ath; that I	am an	officer or direc	tor [