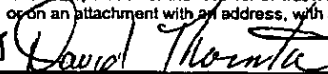


4/9/01

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 91159 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005037			
1. Entity Name Total Solution Communications, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3825 Henderson Blvd Suite, Apt. #, etc. Suite 304 City & State Tampa, FL Zip 33629		3. Mailing Address 3825 Henderson Blvd Suite, Apt. #, etc. Suite 304 City & State Tampa, FL Zip 33629	
		4. FEI Number 59-3690408	
		Applied For Not Applicable	
Country USA		Country USA	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Bruce S. Goldstein, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 500 E Kennedy Blvd			
Suite 101-A			
City Tampa		FL	Zip Code 33602
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 4/29/02	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	P David Thornton 1901 53rd St North St. Petersburg, FL 33634	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Michael H. Yoelson 3504 Belle Shadow Lane Tampa, FL 33634	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		8/03/28/02 813-639-9348	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/01)