2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000030952 **DOCUMENT #**

1. Entity Name



FILED Jan 17, 2003 8:00 am **Secretary of State**

01-17-2003 90111 033 ***150.00



TIP MESSENGER SERVICE INC. Principal Place of Business Mailing Address 5863 N W 48TH AVENUE 5863 N W 48TH AVENUE COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business 3. Mailing Address 4803 NW 5942 COURT 4803 NW 59 5 ADYRT Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number CICONUT CREEK, FLORIDA Applied For COCONUT CROCK, FLOUISM 65-1091195 Not Applicable Zip Country USA Country \$8.75 Additional 33073 5. Certificate of Status Desired 93013 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent, SAUE HORN, DEBRA 10 使增 Street Address (P.O. Box Number is Not Acceptable)
4803 NW 549 Court 5863 N W 48TH AVENUE **COCONUT CREEK FL 33073** COCONUT CATER, FL. Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE ☐ Delete TITLE Change ☐ Addition NAME HORN, DEBRA NAME **4803 NW 59TH COURT** STREET ADDRESS STREET ADDRESS CITY-ST-7IP COCONUT CREEK FL 33073 CITY-ST-ZIP TITLE VD. X Delete TITLE ☐ Change ■ Addition NAME SAKNIT, TIMOTHY NAME STREET ADDRESS 4803 N W 59TH COURT STREET ADDRESS CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP TITLE ☐ Delete TITLE ' Change Addition: KIMBERLY A. BLOCK

863 NW 48th AVENUE

CUCONIT CREEK, FLURIDA 33093 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

12. 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 10 or Block 11 if