FROM : SWART BAUMRUK & CO., LLP FAX NO. : 407 847 6641

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91551 001 *****8.75
05-28-2002 91551 002 ***150.00

DOCUMENT # P01000070149

1. Entity Name
T.M.S. SERVICES & CONCEPTS, INC.

Principal Place of Business
717 E OAK ST
KISSIMMEE FL 34744

Mailing Address
717 E OAK ST
KISSIMMEE FL 34744

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
63 Barbaree Way
Suite, Apt #, etc.

3. Mailing Address
63 BARBAREE WAY
Suite, Apt. #, etc.

City & State: Tiburon CA
Zip: 94920 Country: U.S.A.

City & State: Tiburon CA
Zip: 94920 Country: U.S.A.

4. FEI Number 57-1125717 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWART, HARRY J CPA
717 E OAK ST
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if name is changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	[ ] Delete
D NISSENSON, MARC 804 SAILMASTER HILTON HEAD ISLAND SC 29928	[ ]
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition
D, P, S, T NISSENSON, MARC 63 BARBARBE WAY TIBURON, CA 94920	[X]
	[ ]
	[ ]
	[ ]
	[ ]
	[ ]

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: MARC NISSENSON PRES. 4/30/02 714-349-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #