2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State
05-12-2003 90204 020 ***150.00

DOCUMENT # P01000070149

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

Principal Place of Business	Mailing Address
63 BARBAREE WAY BELVEDERE TIBURON CA 94920	717 E OAK ST KISSIMMEE FL 34744

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
38 Barbarbee Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tiburon, CA		City & State	
Zip: 94920	Country: USA	Zip	Country

4. FEI Number 57-1125717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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. 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

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: NISSENSON, MARC STREET ADDRESS: 804 SAILMASTER CITY-ST-ZIP: HILTON HEAD ISLAND SC 29928	☐ Delete	TITLE: D,P,S,T NAME: STREET ADDRESS: 38 Barbarbee Way CITY-ST-ZIP: Tiburon, CA 94920	☑ Change ☑ Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #