

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 69 BARBAREE WAY BELVEDERE TIBURON CA 94920	Mailing Address 717 E OAK ST KISSIMMEE FL 34744
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2. Principal Place of Business 38 Barbarbee Way Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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☒ CHECK HERE IF MAKING CHANGES

City & State Tiburon, CA	City & State	4. FEI Number 57-1125717	Applied for ☐ Not Applicable
Zip 94920	Country USA	Zip	Country

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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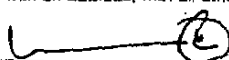
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and file it separately. (NOTE: Registered Agent of signature required when retained.) **DATE**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSONSON, MARC 804 SAILMASTER HILTON HEAD ISLAND SC 29928	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, F, S, T 38 Barbarbee Way Tiburon, CA 94920
☐ Delete	☐ Change ☒ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Day/Date/Phone #