2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 12, 2003 8:00 am Secretary of State P01000100244 **DOCUMENT #** 05-12-2003 90232 022 ***150.00 1. Entity Name TPAR, INC. Principal Place of Business Mailing Address 120 1/2 LEMON STREET 120 1/2 LEMON STREET NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 2. Principal Place of Business 3. Mailing Address 600 VAlle Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEL Numbe Applied For 01-0574206 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired **3266** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITTINGSLOW, THOMAS Street Address (P.O. Box Number is Not Acceptable) 120 1/2 LEMON STREET **NEPTUNE BEACH FL 32266** FORGE 600 VAlley 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing -\$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PSTD ☐ Delete TITLE Change ☐ Addition WHITTINGSLOW, THOMAS 600 VALLEY FORGE BOILE 120 1/2 LEMON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEPTUNE BEACH FL 32266 CITY-ST-ZIP TITLE ☐ Delete TITLE 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-7IP ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 12. Thereby 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

SIGNATURE:

CITY-ST-ZIP

Attachment AFP01000100244 10104034

Dear Sirs

I spoke with a gentleman named Scott w/ your

Mini tiday, 5/12, and explaned to him that

I just received today my UBR form. I have

knowed I times sence enjoyate opening and

have noted address change on form. Please

accept my payment of A150. 10 with my

apologies for any confusion I muy have

Caused with address changes.

Thank you Duttleyshir— # 01-0574206