FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90125 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P02000025799**

1. Entity Name
T-BONES CONSULTING, INC.

20026000

Principal Place of Business	Mailing Address
6466 SW 5TH WAY FT LAUDERDALE, FL 33309	6466 SW 5TH WAY FT LAUDERDALE, FL 33309

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6466 NW 5th WAY		6466 NW 5th WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FT. LAUDERDALE, FL		City & State: FT. LAUDERDALE, FL	
Zip: 33309	Country: USA	Zip: 33309	Country: USA

4. FEI Number: 02-0564697 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ANDREW G
8751 W BROWARD BLVD STE 106
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name: TROY LEVY
Street Address (P.O. Box Number Is Not Acceptable): 6466 NW 5th WAY
City: FT. LAUDERDALE FL Zip Code: 33309

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] DATE 2/9/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	☐ Delete	TITLE	D/Pres.	☒ Change ■ Addition
NAME	LEVY, TROY		NAME	LEVY, TROY	
STREET ADDRESS	6466 SW 5TH WAY		STREET ADDRESS	6466 NW 5th WAY	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP	FT. LAUDERDALE, FL. 33309	
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-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-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] TROY LEVY 2/9/03 954-776-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)