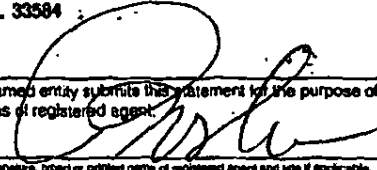
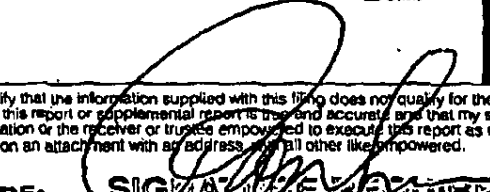


FILED
Jun 09, 2003 8:00 am
Secretary of State

05-01-2003 90155 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000033394			
1. Entity Name TENDER THOUGHTS, INC.			
Principal Place of Business 12008 DR MLK JR BLVD-STE 9 SEFFNER FL 33584		Mailing Address 12008 DR MLK JR BLVD-STE 9 SEFFNER FL 33584	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0616472		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LUCAS, RONALD JR 12008 DR MLK JR BLVD-STE 9 SEFFNER FL 33584		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 date if applicable.		DATE 5/19/03 (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$160.00 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 NAME STREET ADDRESS CITY-ST-ZIP	RONALD S. LUCAS JR ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RONALD S. LUCAS JR ☐ Delete 2914 E. HOWELL ST TAMPA, FL 33610	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition VP Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICHOLAS DIFULGO III ☐ Delete 141 N. MELANIE LANE BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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, and all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SORORING OFFICER OR DIRECTOR		Date Daytime Phone #	

55047289

CHECK HERE IF MAKING CHANGES

CP20034 (10/02)