2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P02000066659

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90118 011 ***150.00

}	TS, INC.										
	ce of Business MERCE PKWY, STE 33326	Mailing Address 2200 N COMMERCE PKWY, STE 206 WESTON FL 33326			206	 					
2. Principal Place of Business Suite, Apt. #, etc. City & State			3. Mailing Address Suite, Apt. #, etc. City & State				CHECK HERE IF MAKING CHANGES				
							20-0001367			Applied For Not Applicable	
Zip		ountry	Zip		Coun	ntry	5. Certificate of Status Desired		8.75 Adee Require		
	6. Name and	Address of Current	Registere	ed Agent			7. Name and Address of Nev	v Registered Ag	jent		
VI ITTAIAA	I I AWDENCE C					Name				I	
KLITZMAN, LAWRENCE S 2200 N COMMERCE PKWY, STE 206					Street Addres		P.O. Box Number is Not Accepta	ble)			
		11, SIE 200				ļ					
WESTON	FL 33326						·				
-¢						City		FL	Zip Cod	le	
8. The above	named entity sub	mits this statement fo	r the purp	ose of changing its	registere	ed office or register	ed agent, or both, in the State of	Florida, I am far	miliar with,	and accept	
the obligat	tions of registered	agent.									
SIGNATURE .		 						 _			}
		ed name of registered agent	and title if app	NOTE	: Registere	d Agent signature required	when reinstating)	DATE			ĺ
Afte		EE IS \$150.00 ee will be \$550.00 rida Department o	State				9. Election Campaign Trust Fund Contribu	· -	\$5.0 Added	00 May Be d to Fees	ļ
10.		OFFICERS AND		l PRS	11.		ADDITIONS/CHANGES TO C	FEICERS AND D	DIRECTOR	S IN 11	
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r mereby 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 of 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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #