2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000036087 **DOCUMENT #**

1. Entity Name

TLS DRAFTING SERVICES, INC.



FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90099 043 ***150.00

						1	1				
Principal Place of Business 8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244				Mailing Address 8170 CAYUGA TRAIL W. JACKSONVILLE FL 32244) (20)(20) (20) (20)			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				59-3315281	——	pplied For ot Applicable	
Zip Country			Zip		Cour	untry 5		Certificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current R				legistered Agent			7. Name and Address of New Registered Agent				
						Name					
SUMROW, THOMAS L 8170 CAYUGA TRAIL W.					Street Address (P.O. Box Number is Not Acceptable)						
				•							
JACKSUI	NVILLE FL 3	2299									
						City FL Zip Code					
8. The above the obliga	e named entity tions of regist	submits this statement ered agent.	for the purp	oose of changing its	registere	ed office or regis	stered ag	ent, or both, in the State of Florida. 1	am familiar with,	and accept	
SIGNATURE		or printed name of registered ager	nt and title if app	plicable. (NOTE	E: Registere	d Agent signature requ	uired when re	einstating) DA1	E		
	II E MOWII	! FEE IS \$150.00			***		****				
		3 Fee will be \$550.00	1					9. Election Campaign Financing	\$5.0	00 May Be	
		Florida Department		1				Trust Fund Contribution.	☐ Added	d to Fees	
10.				1	•						
	DD.	OFFICERS ANI	DURECTO		11.		AD	DITIONS/CHANGES TO OFFICERS A			
TITLE NAME	PD	THOMACH		☐ Delete	TITLE	i i			Change	☐ Addition	
STREET ADDRESS		, thomas l Uga trail W.			NAM	· I					
CITY-ST-ZIP	JACKSON					ET ADDRESS ST-ZIP					
	 	VILLE FL									
TITLE	ST	MATHOWN A		☐ Delete	TITLE	Į.			Change	Addition	
NAME STREET ADDRESS		KATHRYN S			NAM	· I					
CITY-ST-ZIP	JACKSON	uga trail w				ET ADDRESS ST-ZIP					
	JACKSON	VILLE FL			_						
TITLE				☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS					NAME						
CITY-ST-ZIP					1	ET ADDRESS				j	
					_	ST-ZIP					
TITLE			-	☐ Delete	TITLE	-1-	- 9	ra merenaga a	Change	☐ Addition	
NAME STREET ADDRESS					NAME			•			
CITY-ST-ZIP						T ADDRESS					
*						ST-ZIP					
TITLE				☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS					NAME						
STREET ADDRESS CITY-ST-ZIP					1	T ADDRESS					
						\$T-ZIP					
TITLE		•		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME expect annuese					NAME		÷				
STREET ADDRESS CITY-ST-ZIP	•					T ADDRESS					
OILL-SI-ZIF					CHY-	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:

904-777-2906