FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am DOCUMENT # P9600034624 **Secretary of State** 1. Entity Name T.L. BOUMA INC 03-08-2001 90058 049 ***150.00 Mailing Address Principal Place of Business 419 OCEAN AVE #600 419 OCEAN AVE #600 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 726302 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ' DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3377302 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOUMA, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 419 OCEAN AVE #600 MELBOURNE BEACH FL 32951 City Zip Code FI 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) -9:-This corporation is eligible to satisfy its:Intangible -FILE NOW!!! FEE IS \$150.00 10.=Election Campaign Financing \$5:00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete BOUMA, THOMAS L NAME NAME STREET ADDRESS 419 OCEAN AVE #600 STREET ADDRESS CITY-ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ___ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.