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Apr 15, 2003 8:00 am
Secretary of State
04-15-2003 90110 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80081123

DOCUMENT # P96000044097

1. Entity Name
TOGETHER TIME, INC.

Principal Place of Business	Mailing Address
15306 CASEY RD TAMPA, FL 33624 US	15306 CASEY RD. TAMPA, FL 33624

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5321 Bruton Road
Plant City
Florida
33565 US

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3385142 ☐ 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
SHULMISTER, JANEEL C 4415 AKITA DR. TAMPA, FL 33624	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

Shulmister Janeel C
5321 Bruton Road
Plant City, FL
33565

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHULMISTER, JANEEL C 4415 AKITA DR. TAMPA, FL 33624	☐ Delete	P Shulmister, Janeel C 5321 Bruton Road Plant City, FL 33565	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHULMISTER, J DAVID 4415 AKITA DR. TAMPA, FL 33624	☐ Delete	VP Shulmister J. David 5321 Bruton Road Plant City, FL 33565	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Janeel C. Shulmister 4/10/03 (813) 744-8941 x289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #