2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State **DOCUMENT #** P99000023942 1. Entity Name 05-20-2002 90190 001 *1,350.00 TENTH BUSINESS SERVICE GROUP, INC. Mailing Address Principal Place of Business 2503 W GARDNER CT 2503 W GARDNER CT **TAMPA FL 33611 TAMPA FL 33611** 3. Mailing Address 2. Principal Place of Business 1006 West Hastings St 1666 wast Hastings St DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 2100 <u>වනත</u> Applied For City & State 4. FEI Number City & State 59-3651760 B.C. Not Applicable Vancouver B.C. Vancouver Country \$8.75 Additional 5. Certificate of Status Desired Canada Fee Required VPE 3X9 <u>Canada</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, MICHAEL T Street Address (P.O. Box Number is Not Acceptable) 2503 W GARDNER CT **TAMPA FL 33611** Zin Code City FL 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 ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change **▼** Delete TITLE TITLE Francoise R. Otto NAME WILLIAMS, MICHAEL T NAME 2000-1066 West Hustings St. STREET ADDRESS STREET ADDRESS 2503 W GARDNER CT VOE 3XX B.C. Canada CITY-ST-ZIP Januaryer. CITY-ST-ZIP TAMPA FL 33611 ☐ Addition ☐ Change TITLE Delete 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 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

17 Francoise R.

FILED