

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90190 001 \*1,350.00

**DOCUMENT # P99000023959**

1. Entity Name  
**THIRD BUSINESS SERVICE GROUP, INC.**

Principal Place of Business

**2503 W GARDNER CT  
TAMPA FL 33611**

Mailing Address

**2503 W GARDNER CT  
TAMPA FL 33611**

2. Principal Place of Business

**1066 West Hastings St.**

Suite, Apt. #, etc.

**2000**

City & State

**Vancouver, B.C.**

Zip

**V6E 3X2**

Country

**Canada**

3. Mailing Address

**1066 West Hastings St.**

Suite, Apt. #, etc.

**2100**

City & State

**Vancouver, B.C.**

Zip

**V6E 3X2**

Country

**Canada**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3651773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, MICHAEL T  
2503 W GARDNER CT  
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Michael T. Williams Reg'd Agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

April 30, 2002

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL T	
STREET ADDRESS	2503 W GARDNER CT	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francoise R. Otto	
STREET ADDRESS	2000-1066 West Hastings St.	
CITY-ST-ZIP	Vancouver, B.C. Canada V6E 3X2	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Francisco R. Otto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 2002

Date

604-687-8080

Daytime Phone #

CR2E034 (9/01)