2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000109591** 1. Entity Name TPS.COM. INC. 03-26-2001 90031 032 ***150.00 Principal Place of Business Mailing Address TPS.COM INC. TPS.COM INC. 2641 E ATLANTIC BLVD. #304 2641 E ATLANTIC BLVD. #304 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 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 65-0982052 Not Applicable Country ----Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sauter, C C esq. Street Address (P.O. Box Number is Not Acceptable) 2900 EAST OAKLAND PARK BLVD. SUITE 200 FORT LAUDERDALE FL 33306 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. 11. President Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME Hallmark. HALLMARK, DEBERA J STREET ADDRESS STREET ADDRESS 751 MCNAB RU44 751 MCNAB RD #4 33060 CITY-ST-ZIP CITY-ST-ZIP Pompano POMPANO BEACH FL 33060 Change Addition ☐ Delete TITI F TITLE NAME NAME Dempse-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33060 CITY-ST-ZIP-☐ Addition TITLE T(T) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 employered 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 ebera J. Hallmark SIGNATURE: