

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L07673**

1. Entity Name  
**THEO TWO CORP.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90145 018 \*\*\*158.75

Principal Place of Business <b>3416 SW ARCHER ROAD GAINESVILLE FL 32608</b>	Mailing Address <b>1310 NW 23 AVE SUITE A GAINESVILLE FL 32605-3009 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2967712</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**LEONARD, WILLIAM ROBERT  
633 SOUTH ANDREWS AVE  
SUITE 402  
FT. LAUDERDALE FL 33301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY-1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>LEONARD, WILLIAM ROBERT</b> <b>4875 N. FEDERAL HWY</b> <b>FT. LAUDERDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>THEOHARIS, BILLIE</b> <b>3036 N. ATLANTIC BLVD.</b> <b>FT. LAUD. FL 33311</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>THEOHARIS, GEORGE</b> <b>3036 N. ATLANTIC BLVD.</b> <b>FT LAUD FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>THEOHARIS, CON</b> <b>2312 N W 14TH PLACE</b> <b>GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <input type="checkbox"/> Delete <b>THEOHARIS, JIM</b> <b>5118 NW 47TH LANE</b> <b>GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>THEOHARIS, RICK</b> <b>4010 NW 67TH PLACE</b> <b>GAINESVILLE, FL 32605</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 352-377-6522  
Date Daytime Phone #

CR2E034 (9/99)