

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90077 045 ***150.00

FORM 1001 (10/02)

DOCUMENT # P00000117782

1. Entity Name
THOROTEK, INC.



Principal Place of Business
**229 WINDWARD PASSAGE
CLEARWATER FL 33767**

Mailing Address
**229 WINDWARD PASSAGE
CLEARWATER FL 33767**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip, Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761**

7. Name and Address of New Registered Agent
Name Sara Goldberg
Street Address (P.O. Box Number is Not Acceptable)
229 Windward Psg
City Clearwater FL Zip Code 33767

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 Sara Goldberg (NOTE: Registered Agent signature required when reinstating) DATE March 1, '03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBERG, SHELDON 229 WINDWARD PASSAGE CLEARWATER FL 33767	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sara Goldberg DATE 3/1/03 Daytime Phone # 7274427274

CR2E034 (10/02)