

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F58271

1. Entity Name **THEISEN & THEISEN, INC.** ON NOVEMBER 21, 2000 THIS ENTITY WAS CHANGED TO: **TILT/PRO COMPANY**

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90989 043 ***150.00

Principal Place of Business Mailing Address
~~582 LAKEWORTH CIRCLE~~ ~~582 LAKEWORTH CIRCLE~~
~~HEATHROW FL 32746~~ ~~HEATHROW FL 32746~~
US 138 Palm Coast Pky #313 138 Palm Coast Pky. #313
Palm Coast, Fla. 32137 Palm Coast, FL 32137

00058807



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **59-2151441** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~THEISEN, AMELIA M~~ 138 Palm Coast Pky. #313
~~582 LAKEWORTH CIRCLE~~ Palm Coast, FL 32137
~~HEATHROW FL 32746~~

7. Name and Address of New Registered Agent
Name **Robert W. Theisen**
Street Address (P.O. Box Number is Not Acceptable)
138 Palm Coast Parkway N.E. #313
City **Palm Coast** FL Zip Code **32137**

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 *Robert W. Theisen* **ROBERT W. THEISEN** **4-16-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 provided in Section 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.

SIGNATURE: *Robert W. Theisen* 4-11-2001 904-446-8586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)