

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F86793

1. Entity Name

THIN IS IN, INC.

Principal Place of Business

8251 W SUNRISE BLVD  
PLANTATION FL 33322

Mailing Address

8251 W SUNRISE BLVD  
PLANTATION FL 33322-5403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2207241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORSOVER, SUSAN  
10897 N.W. 6TH ST.  
CORAL SPRINGS FL 33071

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, HELEN	
STREET ADDRESS	10897 N.W. 6TH ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORSOVER, GERALD	
STREET ADDRESS	10897 N.W. 6TH ST.	
CITY-ST-ZIP	CORAL SPGS. FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORSOVER, SUSAN	
STREET ADDRESS	10897 N.W. 6TH ST.	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	
TITLE	CORSOVER, JASON	<input type="checkbox"/> Delete
NAME	10897 N.W. 6TH ST	
STREET ADDRESS	CORAL SPRINGS, FL 33071	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECEASED	
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 checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00

Date

954-340-1131

Daytime Phone #

CR2E034 (9/99)