

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90061 011 ***150.00

DOCUMENT # **201 COR PROPR RTK**
THAMES TRADING INC.
F93000002182 ✓

Principal Place of Business: **509 SOUTH PONCE DE LEON BLVD ST AUGUSTINE FL 32084**
 Mailing Address: **509 SOUTH PONCE DE LEON BLVD ST AUGUSTINE FL 32084**

C0049140

DO NOT WRITE IN THIS SPACE

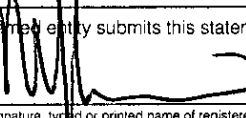
2. Principal Place of Business: Suite, Apt. #, etc.
 City & State:
 Zip: Country:
 3. Mailing Address: Suite, Apt. #, etc.
 City & State:
 Zip: Country:

4. FEI Number: **59-2946093**
 Applied For: ☐ Not Applicable

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
SHAW MICHAEL J.
ENGLISH LANDING MARINA
509 SOUTH PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

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:  **1st APRIL 2001**
 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. ☐
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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GEORGE RAPHAEL	
STREET ADDRESS	GUNN'S CAMP, P/BAY 33, MAUN	
CITY-ST-ZIP	BOTSWANA	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SARAH HORNER	
STREET ADDRESS	GUNN'S CAMP, P/BAY 33, MAUN	
CITY-ST-ZIP	BOTSWANA	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JENNA MCKENZIE	
STREET ADDRESS	GUNN'S CAMP, P/BAY 33	
CITY-ST-ZIP	MAUN BOTSWANA	
TITLE	MICHAEL SHAW - TREASURER	<input type="checkbox"/> Delete
NAME	509 S. PONCE DE LEON BLVD.	
STREET ADDRESS	ST AUGUSTINE	
CITY-ST-ZIP	FLORIDA 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 another like empowered.

SIGNATURE:  **1st APRIL 2001**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)