

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 038 ***150.00

DOCUMENT # F93000003155

1. Entity Name

T. H. ADMINISTRATION, INC.

Principal Place of Business

Mailing Address

1886 ROUTE 52
 HOPWELL JUNCTION NY 12533

1886 ROUTE 52
 HOPWELL JUNCTION NY 12533

2. Principal Place of Business

2424 ROUTE 52
 Suite, Apt. #, etc.

3. Mailing Address

2424 ROUTE 52
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hopewell Jct NY
 Zip 12533 Country USA

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Hopewell Jct NY
 Zip 12533 Country USA

4. FEI Number

13-3446440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 type="checkbox"/> Delete
NAME	TOLLMAN, BRETT G	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDZIERA, CRAIG	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	TOLLMAN, STANLEY S	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION NY 12533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLMAN, BRETT G	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533	
TITLE	KENDZIERA, CRAIG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2424 ROUTE 52	
STREET ADDRESS	HOPWELL JUNCTION, NY 12533	
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTY HUNDLEY	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPWELL JUNCTION, NY 12533	
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		

CR2E034 (9/99)

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

Date

Daytime Phone #

4/25/00