

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000004503**

1. Entity Name

THETA II ENTERPRISES, INC.**FILED**
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90121 002 ***150.00

Principal Place of Business

206 INDUSTRIAL AVENUE C
HOUMA LA 70363

Mailing Address

206 INDUSTRIAL AVENUE C
HOUMA LA 70363-3900**707299**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-0828919**

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BAKER, JAMES R JR	105 TALBOT DRIVE HOUMA LA 70360				
	PDTD	BAKER, SANDRA D	105 TALBOT DRIVE HOUMA LA 70360				
	S	RODRIGUE, CHRISTINE A	4177 BAYOUSIDE DRIVE HOUMA LA 70363				

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:

Christine A. Rodrigue **Christine A. Rodrigue** 1-17-00 504-868-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #