

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90024 031 \*\*\*150.00

**DOCUMENT # J16635**

1. Entity Name  
**THALHEIMER'S JEWELERS, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>255 13TH AVE S<br/>                 NAPLES FL 34102<br/>                 US</b> | Mailing Address<br><b>255 13TH AVE S<br/>                 NAPLES FL 34102<br/>                 US</b> |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>3200 Tamiami Tr., N.<br/>                 Suite, Apt. #, etc.<br/>                 Ste 100<br/>                 City &amp; State<br/>                 Naples, FL<br/>                 Zip<br/>                 334103</b> | 3. Mailing Address<br><b>3200 Tamiami Tr., N.<br/>                 Suite, Apt. #, etc.<br/>                 Ste 100<br/>                 City &amp; State<br/>                 Naples, FL<br/>                 Zip<br/>                 34103</b> |
|--|---|

|   |  |
|---|--|
| 4. FEI Number <b>59-2755161</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent  
**WESTMAN, CARL E.  
 850 PARK SHORE DR 3RD FL  
 NAPLES FL 34103**

7. Name and Address of New Registered Agent  
 Name **Sandford C. Thalheimer**  
 Street Address (P.O. Box Number is Not Acceptable) **3200 Tamiami Tr., N. Ste 100**  
 City **Naples** FL Zip **34103**

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 **Sandford C. Thalheimer** DATE **4/25/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |  |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

11. OFFICERS AND DIRECTORS

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>THALHEIMER, SELDA<br/>2360 KING FISH RD<br/>NAPLES FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>THALHEIMER, SANFORD<br/>255 13TH AVE S<br/>NAPLES FL</b>   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD<br/>THALHEIMER, BRUCE<br/>255 13TH AVE S<br/>NAPLES FL</b>     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3200 Tamiami Tr., N. Ste 100<br/>                 Naples, FL 34103</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3200 Tamiami Tr., N. Ste 100<br/>                 Naples, FL 34103</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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 **Sandford C. Thalheimer** DATE **4/25/01** Daytime Phone # **261-8422**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)