## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

341 POINCIANA DRIVE

DOCUMENT # J43389

1. Entity Name

THALER CORPORATION

Principal Place of Business

341 POINCIANA DRIVE



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90406 047 \*\*\*150.00

BATTTA

FORT LAUDERU	DALE FL 33301	FORT L	FORT LAUDERDALE FL 33301								
2. Principal Pla	ace of Business	3. Mailin	3. Mailing Address								
Suite, Apt. #	, etc.	Suite,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City &	City & State			4. FEI Number 59-2742753			<del></del>	lied For Applicable	
Zip	Country	Zip		Country			Certificate of Status Desired			ional	
	6. Name and Address of Curre	nt Registered	Agent		<b>ay</b>	7. N	ame and Address of New Re	gistered A	gent		
			<del></del> -	Nar	ne		,				
THALER, N	E E			Street Address (P.O. E			Box Number is Not Acceptable)				
	CIANA DRIVE							<b></b>			
FORT LAU	DERDALE FL 33301-2701			City			<u> </u>	FL	Zip Code		
,									1		
the obligati	named entity submits this statemer ons of registered agent.	nt for the purpo	se of changing its	registered offi	ce or registe	ered age	ent, or both, in the State of Flo	rida. I am fa	ımıllar witn, a	ind accept	
SIGNATURE_	Signature, typed or printed name of registered as	nent and title if appli	cable. (NOTE	: Registered Agent	signature require	ed when re	instating)	DATE			
	Signature, typed or printed name of registered at	gent and mie it upp	<u> </u>		· ·						
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.	00				ļ	Election Campaign Fin Trust Fund Contribution			May Be to Fees	
	Payable to Florida Departmen	ND DIRECTOR				AD	I DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
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CITY-ST-ZIP	FORT LAUDERDALE FL 3330	1-2701		CITY-ST-ZI	P ]						
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12. 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1FEB 03

Davtime Phone #

CR2E034 (10/02)