

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90624 011 \*\*\*158.75

0064038 AV

**DOCUMENT # L07673**

1. Entity Name

**THEO TWO CORP.**

Principal Place of Business

**3416 SW ARCHER ROAD  
 GAINESVILLE FL 32608**

Mailing Address

**4001 NEBERRY ROAD  
 D-4  
 GAINESVILLE FL 32607  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2967712**

Applied For

Not Applicable

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

**LEONARD, WILLIAM ROBERT  
 633 SOUTH ANDREWS AVE  
 SUITE 402  
 FT. LAUDERDALE FL 33301**

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, 2002 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	<b>LEONARD, WILLIAM ROBERT</b>	
STREET ADDRESS	<b>4875 N. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	O	<input type="checkbox"/> Delete
NAME	<b>THEOHARIS, BILLIE</b>	
STREET ADDRESS	<b>3036 N. ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUD, FL 33311</b>	
TITLE	O	<input type="checkbox"/> Delete
NAME	<b>THEOHARIS, GEORGE</b>	
STREET ADDRESS	<b>3036 N. ATLANTIC BLVD.</b>	
CITY-ST-ZIP	<b>FT LAUD FL</b>	
TITLE	O	<input type="checkbox"/> Delete
NAME	<b>THEOHARIS, CON</b>	
STREET ADDRESS	<b>2312 N W 14TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	
TITLE	O	<input type="checkbox"/> Delete
NAME	<b>THEOHARIS, JIM</b>	
STREET ADDRESS	<b>5118 NW 47TH LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>THEOHARIS, RICK</b>	
STREET ADDRESS	<b>4010 NW 67TH PLACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL 32605</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2020 SW Wachahoota Rd</b>	
CITY-ST-ZIP	<b>Micanopy FL 32667</b>	
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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/15/02 352-377-6322**

CR2E034 (9/01)