

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90181 046 ***158.75

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

4001 Newberry Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gainesville FL

Zip

Country

32607

Country

USA

4. FEI Number **59-2967712**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LEONARD, WILLIAM ROBERT	
STREET ADDRESS	4875 N. FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	0	<input type="checkbox"/> Delete
NAME	THEOHARIS, BILLIE	
STREET ADDRESS	3036 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT. LAUD, FL 33311	
TITLE	0	<input type="checkbox"/> Delete
NAME	THEOHARIS, GEORGE	
STREET ADDRESS	3036 N. ATLANTIC BLVD.	
CITY-ST-ZIP	FT LAUD FL	
TITLE	0	<input type="checkbox"/> Delete
NAME	THEOHARIS, CON	
STREET ADDRESS	2312 N W 14TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	0	<input type="checkbox"/> Delete
NAME	THEOHARIS, JIM	
STREET ADDRESS	2020 SW WACHAHOOTA ROAD	
CITY-ST-ZIP	MICANOPY FL 32667	
TITLE		<input type="checkbox"/> Delete
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 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	9839 SW 33rd Lane	
CITY-ST-ZIP	Gainesville FL 32608	
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		

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 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 #

CR2E034 (10/02)