

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.
D-4

City & State

City & State
Gainesville FL

4. FEI Number **59-2967712**

Applied For
Not Applicable

Zip Country

Zip Country
32607 USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		9839 SW 33rd Lane	Gainesville FL 32608	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* Date: 2/27/03 Daytime Phone #: 352-538-3272

CR2E034 (10/02)