

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L92722**

1. Entity Name

TILT/PRO COMPANY

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90153 015 ***150.00

Principal Place of Business 4185 W LAKE MARY BLVD SUITE 151 LAKE MARY FL 32746 US	Mailing Address 4185 W LAKE MARY BLVD SUITE 151 LAKE MARY FL 32746-2410 US
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2. Principal Place of Business 582 LAKEWORTH CIRCLE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 951447 Suite, Apt. #, etc.
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City & State LAKE MARY, FL 32746	City & State LAKE MARY, FL 32795-1447
Zip 32746	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3028013	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THEISEN, COLBY M
4185 W LAKE MARY BLVE
SUITE 151
LAKE MARY FL 32746**

Name THEISEN, AMELIA
Street Address (P.O. Box Number is Not Acceptable) 582 LAKEWORTH CIRCLE
City HEATHROW
State FL
Zip Code 32746

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 	AMELIA M. THEISEN	4-26-2000
Signature, typed or printed name of registered agent and title if applicable.		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, 2000 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

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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: 	4-26-2000	407-333-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CRE034 (9/99)