

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L92722

1. Entity Name

TILTAMERICA CORPORATION

582 LAKEWORTH CIRCLE, HEATHROW, FL 32746

Principal Place of Business

Mailing Address

P.O. BOX 951447

LAKE MARY, FL 32795-1447

582 LAKEWORTH CIRCLE

HEATHROW, FL 32746

2. Principal Place of Business

582 LAKEWORTH CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEATHROW, FL 32746

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3028013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0060867

6. Name and Address of Current Registered Agent

AMELIA M. THEISEN

582 LAKEWORTH CIRCLE

HEATHROW, FL 32746

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.

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THEISEN, ROBERT
138 PALM COAST PKY N.E. #313
PALM COAST, FL 32137 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
AMELIA M. THEISEN
582 LAKEWORTH CIRCLE
HEATHROW, FL 32746 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
R.M. THEISEN
582 LAKEWORTH CIRCLE
HEATHROW, FL 32746 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2001

Date

407-333-9888

Daytime Phone #

CR2034 (11/00)