

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90006 016 \*\*\*150.00

**DOCUMENT # P00000002691**

1. Entity Name

**T.H.E. ENTERPRISES, INC.**

Principal Place of Business

**8776 THOMAS DRIVE  
 SUITE #7  
 PANAMA CITY BEACH FL 32408**

Mailing Address

**8776 THOMAS DRIVE  
 SUITE #7  
 PANAMA CITY BEACH FL 32408**

2. Principal Place of Business

**2705 Joan Ave**

Suite, Apt. #, etc.

3. Mailing Address

**2705 Joan Ave**

Suite, Apt. #, etc.

City & State

**Panama City Beach FL**

Zip

**32408**

Country

**Bay**

City & State

**Panama City Beach FL**

Zip

**32408**

Country

**Bay**

4. FEI Number

**59-3621103**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

Name **Robert A. Terry**

Street Address (P.O. Box Number is Not Acceptable)

**2705 Joan Ave**

City

**Panama City Bch FL**

FL

Zip Code

**32408**

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

**Robert A. Terry**

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

(NOT)

Registered Agent's signature required when reinstating.

DATE

**5-27-01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00  
 If Fee will be \$550.00  
 to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TERRY, ROBERT A</b>	
STREET ADDRESS	<b>113 FOX RIDGE ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>Sec. Treasure</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Terry Robert A.</b>	
STREET ADDRESS	<b>600 Lori</b>	
CITY-ST-ZIP	<b>Lynn Haven FL 32444</b>	
TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Heston, Edward P</b>	
STREET ADDRESS	<b>5776 Gulf Dr.</b>	
CITY-ST-ZIP	<b>Panama City Bch FL</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eubanks, John T Jr.</b>	
STREET ADDRESS	<b>3518 McPherson Rd.</b>	
CITY-ST-ZIP	<b>Panama City Bch FL 32407</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		

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 I have provided is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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 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

**5/23/01 (850) 233-8299**

Date

Daytime Phone #

CR2E034 (10/00)