## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P00000095640

DOCUMENT # 1. Entity Name



Apr 07, 2003 8:00 am Secretary of State

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THEODORE CAPITAL, INC. Mailing Address Principal Place of Business 25 SEABREEZE AVENUE 25 SEABREEZE AVENUE SUITE 304 SUITE 304 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1047057 Not Applicable Zip Country Zip Country \$8.75 Additional  $\Box$ Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIETSMA, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 25 SEABREEZE AVENUE SUITE 304 **DELRAY BEACH FL 33483** City 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. 1 am familiar with, and accept the obligations of registered agent. SIĞNATURE 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Delete TITLE Change Addition WIETSMA, WILLIAM NAME NAME 25 SEABREEZE AVENUE, SUITE 304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33483** CITY-ST-ZIP TITLE Change ■ Addition TITLE **Z**Delete NAME WIETSMA, CAROLINE NAME STREET ADDRESS 25 SEABREEZE AVENUE, SUITE 304 STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ

12. Thereby 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 of the corporation or the receiver or trustee changed, or on an attachment with an add address, with all other like

STREET ADDRESS

STREFT ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Delete

Addition