

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90122 034 ***150.00

DOCUMENT # P00000101380

1. Entity Name
THAMNAK-THAI, INC.



Principal Place of Business
**4708 SEAGRAPE DRIVE
FORT PIERCE FL 34982**

Mailing Address
**4903 S US HWY 1
FORT PIERCE FL 34982**



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: **65-1053396** Applied For: ☐ Not Applicable

Zip: _____ Country: _____ Zip: _____ Country: _____

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHIANGNGERN, NAMTIP
3203 GIULIANO AVE.
LAKE WORTH FL 33461**

Name **CHIANGNGERN NAMTIP**
Street Address (P.O. Box Number is Not Acceptable) **4708 Seagrape Drive**
City **Ft. Pierce** **FL** Zip Code **34982**

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 _____ (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	P CHIANGNGERN, NAMTIP 3203 GIULIANO AVE. LAKE WORTH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chiangngern, Namtip 4708 Seagrape Drive Ft. Pierce FL 34982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of Namtip Chiangngern* **04/10/03 (772) 429-7729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)