

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90094 042 \*\*\*150.00

011601 AV

**DOCUMENT # P00000112386**

1. Entity Name  
**THINK BEYOND, INC.**



Principal Place of Business  
**14248 CHEVAL DANFORTH COURT  
ORLANDO FL 32828**

Mailing Address  
**14248 CHEVAL DANFORTH COURT  
ORLANDO FL 32828**

2. Principal Place of Business

**13149 LIBERTY SQUARE DR**  
Suite, Apt. #, etc.

3. Mailing Address

**13149 LIBERTY SQUARE DR**  
Suite, Apt. #, etc.

City & State  
**ORLANDO, FL**

City & State  
**ORLANDO, FL**

Zip  
**32828**

Country  
**USA**

Zip  
**32828**

Country  
**USA**

4. FEI Number **59-3686547**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOOMBS, MARK  
14248 CHEVAL DANFORTH COURT  
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name  
**TOOMBS, MARK A**  
Street Address (P.O. Box Number is Not Acceptable)  
**13149 LIBERTY SQUARE DRIVE**  
City  
**ORLANDO** FL Zip Code  
**32828**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOOMBS, MARK</b> <b>14248 CHEVAL DANFORTH COURT</b> <b>ORLANDO FL 32828</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BITTMANN, NYDA</b> <b>606 WOODLAND ST.</b> <b>ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOOMBS, MARK</b> <b>13149 LIBERTY SQUARE DRIVE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIG. Mark A. Toombs**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03** **(407) 382-9718**  
Date Daytime Phone #

CR2E034 (10/02)