

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90077 045 ***150.00

DOCUMENT # P00000117782

1. Entity Name
THOROTEK, INC.



Principal Place of Business
229 WINDWARD PASSAGE
CLEARWATER FL 33767

Mailing Address
229 WINDWARD PASSAGE
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3687223**

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

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name Sara Goldberg
Street Address (P.O. Box Number is Not Acceptable)
229 Windward Psg
City Clearwater FL Zip Code 33767

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 Sara Goldberg (NOTE: Registered Agent signature required when reinstating) DATE March 1, '03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P GOLDBERG, SHELDON**
STREET ADDRESS **229 WINDWARD PASSAGE**
CITY-ST-ZIP **CLEARWATER FL 33767**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03 7274427274
Date Daytime Phone #

CR2E034 (10/02)