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

DOCUMENT #

P01000039378

1. Entity Name REBECCA R THOR PA



FILED
May 01, 2003 8:00 am g
Secretary of State

₹

				1	WE TREE	.					
Principal Place of Business 330 BOSTWICK AVENUE DAYTONA BEACH FL 32118		330 B	Mailing Address 330 BOSTWICK AVENUE DAYTONA BEACH FL 32118			-					
2. Principal F	Place of Business	3. Mail	ling Address			-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☑ CHECK HERE IF MAKING CHANGES					
City & State		City & State							oplied For ot Applicable	-	
Zip	Country	Zip		Country		=5.=∢	Certificate of Status Desired	~\$	8.75 Add	titional]
	6. Name and Address of Curre	nt Registers	d Agent	L	–	<u> </u>	Name and Address of New Re		e Require	d -	\dashv
325 RIBA	BECCA R		a. ngem	Name Street							
, * 	\ ,			City	Day-	ton	a Beach	FL	Zip Codi	118	1
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	registered office	or register	ed ag	ent, or both, in the State of Flor	da. Lam fan	niliar with,	and accept	1
· ·	iona or regionarc <u>e</u> agent.										
SIGNATURE	Signature, typed or printed name of registered age	int and title if app	licable. (NOTE	: Registered Agent sign	nature required	when re	ainstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department						Election Campaign Fina Trust Fund Contribution			0 May Be	1
10.		1	DC	11.		ΔD	DITIONS/CHANGES TO OFFIC	CDS AND D	IDECTOR	C INI 11	4
TITLE	PVST :	D DINEC TO	Delete	TITLE	299	T			Change	Addition	18
NAME STREET ADDRESS	THOR, REBECCA R 325 RIBAULT AVE		_ 0000	NAME STREET ADDRESS	The)) (2-	Rebecca R.	•			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP	Day	410	na Beach FL				1
TITLE NAME STREET ADDRESS CITY-SI-ZIP	•	,	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	,] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY ST. 710			☐ Delete	TITLE NAME STREET ADDRESS					Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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:

386 289-5767