

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90102 039 ***150.00

DOCUMENT # P01000094114

1. Entity Name

Them & U.S. Inc.

DO NOT WRITE IN THIS SPACE

427312

2. Principal Place of Business

1803 CAROWELL AVE
Suite, Apt. #, etc.

3. Mailing Address

1803 CAROWELL AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Port, Fla

City & State

North Port, Fla

4. FEI Number

65-1142257

Applied For

Not Applicable

Zip

34288

Country

USA

Zip

34288

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Anthony Lamparello

Street Address (P.O. Box Number is Not Acceptable)

1803 CAROWELL AVE

City

North Port

FL

Zip Code

34288

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.

SIGNATURE

Anthony Lamparello

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/11/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Anthony Lamparello
STREET ADDRESS	1803 CAROWELL AVE
CITY-ST-ZIP	North Port, Fla 34288
TITLE	Vice President
NAME	Elna Lamparello
STREET ADDRESS	1803 CAROWELL AVE
CITY-ST-ZIP	North Port, Fla 34288
TITLE	Treasurer
NAME	Elna Lamparello
STREET ADDRESS	1803 CAROWELL AVE
CITY-ST-ZIP	North Port, Fla 34288
TITLE	SECRETARY
NAME	Elna Lamparello
STREET ADDRESS	1803 CAROWELL AVE
CITY-ST-ZIP	North Port, Fla 34288
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elna Lamparello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

(941) 429-1011

Daytime Phone #

CR2E034B (12/01)