

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90277 035 ***150.00

DOCUMENT # *P02 000036590*

1. Entity Name

THORPE ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3021 MARY ST

3. Mailing Address

3021 MARY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

W. MELBOURNE FL

City & State

W. MELBOURNE, FL

4. FEI Number

03-0427813

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

32904

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STEVIE L. THORPE

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

3021 MARY ST

City

W. MELBOURNE

FL

Zip Code

32904

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4-22-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

*DPST
THORPE, STEVE L.
3021 MARY ST.
W. MELBOURNE, FL 32904*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4-22-03

Date

Daytime Phone #

CR2E034B (12/02)