

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-11-2003 90114 044 ***150.00

DOCUMENT # P02000043437

1. Entity Name
THIBAUT ENTERPRISES, INC.



Principal Place of Business
**1402 BISCAYNE WAY
MARCO ISLAND FL 34145**

Mailing Address
**1402 BISCAYNE WAY
MARCO ISLAND FL 34145**

10007400



2. Principal Place of Business
120 CAPRI BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Naples FL

City & State

4. FEI Number
04-3633869

Applied For
Not Applicable

Zip
34113

Country
Collier

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THIBAUT, MARC
1402 BISCAYNE WAY
MARCO ISLAND FL 34145**

Name
MARC THIBAUT

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

120 CAPRI BLVD

City
NAPLES

FL

Zip Code
34113

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 **Marc Thibaut**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
4-4-03

**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
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
THIBAUT, MARC
1402 BISCAYNE WAY
MARCO ISLAND FL 34145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**THIBAUT, MARC
120 CAPRI BLVD
NAPLES FL 34113** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **Marc Thibaut**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)