

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90075 031 ***158.75

DOCUMENT # P02000095575



1. Entity Name
TOM THERRIEN, INC.

Principal Place of Business
**3802 NORTHGREEN AVE
APT. 2202
TAMPA FL 33624**

Mailing Address
**3802 NORTHGREEN AVE
APT. 2202
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

5163 Tangelo Dr.

5163 Tangelo Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

New Port Richey

City & State

New Port Richey

4. FEI Number

05-0529279

Applied For

Not Applicable

Zip

34652

Country

USA

Zip

34652

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THERRIEN, CHRISTY L.

3802 NORTHGREEN AVE

APT. 2202

TAMPA FL 33624

Name

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

5163 Tangelo Dr.

City

New Port Richey

FL

Zip Code

34652

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **P,VP** ☐ Delete
NAME **THERRIEN, TOM**
STREET ADDRESS **3802 NORTHGREEN AVE APT. 2202**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☒ Change ☐ Addition
NAME **5163 Tangelo Dr.**
STREET ADDRESS **New Port Richey, FL**
CITY-ST-ZIP **34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
THERRIEN

1/31/03

727-741-9033

Date

Daytime Phone #

CR2E034 (10/02)