

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90182 013 ***150.00

DOCUMENT # P02000099417

1. Entity Name
THIRD AND EIGHTH CORP.

0416



Principal Place of Business
3020 N. FEDERAL HWY., SUITE 11B
FT. LAUDERDALE FL 33306

Mailing Address
3020 N. FEDERAL HWY., SUITE 11B
FT. LAUDERDALE FL 33306

2. Principal Place of Business
2189 NE 27 DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2189 NE 27 DRIVE
Suite, Apt. #, etc.

City & State
Wilton Manors FL
Zip 33306 Country USA

City & State
Wilton Manors FL
Zip 33306 Country USA

4. FEI Number
55-0796176

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GARVY, KIM
3020 N. FEDERAL HWY., SUITE 11B
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name -
Street Address (P.O. Box Number is Not Acceptable)
2189 NE 27 DRIVE
City Wilton Manors FL Zip Code 33306

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	D	<input type="checkbox"/> Delete
NAME	GARVY, KIM	
STREET ADDRESS	3020 N. FEDERAL HWY., SUITE 11B	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2189 NE 27 Drive	
STREET ADDRESS	Wilton Manors, FL 33306	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03
Date

954 439 5821
Daytime Phone #

CR2E034 (10/02)