


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90094 023 ***150.00

DOCUMENT # P03000036122

1. Entity Name
THIRD BASE, INC.



Principal Place of Business
4000 N FEDERAL HWY STE 201
BOCA RATON, FL 33431

Mailing Address
4000 N FEDERAL HWY STE 201
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1585445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JEFFREY A
4000 N FEDERAL HWY STE 201
BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	D ANSEL, JEROME 7227 CLINT MOORE RD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REITSMA, RONALD 7227 CLINT MOORE RD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRIACON, ARTHUR 7227 CLINT MOORE RD BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 supplementary 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: _____ *J. V. Ansel* _____ *4/07/05* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #