

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P92000011097**

1. Entity Name

THIRST IMPRESSIONS, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90024 018 ***150.00

Principal Place of Business

**9471 SANTA ROSA DR
TAMARAC FL 33321
US**

Mailing Address

**9471 SANTA ROSA DR
TAMARAC FL 33321-6317
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378489Applied For
Not Applicable

Zip

Country

Zip

Country

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****COPROLITE CORPORATION
1400-A AMERIFIRST BLDG
1 SE 3 AVE
MIAMI FL 33131**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

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NAME	MORRISON, RUSSELL	
STREET ADDRESS	9471 SANTA ROSA DR	
CITY-ST-ZIP	TAMARAC FL 33321	

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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13. 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 11 or Block 12 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

RUSSELL J. MORRISON

Date

1/15/2000

Daytime Phone #

954-718-0831