

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90061 037 ***150.00

0491092 AV

DOCUMENT # P93000010520

1. Entity Name.

THA, INC.

Principal Place of Business

Mailing Address

**3100 PORT CHARLOTTE BLVD
PORT CHARLOTTE FL 33952
US**

**3100 PORT CHARLOTTE BLVD
PORT CHARLOTTE FL 33952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0461157

Applied For

Not Applicable

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

**WIDMEYER, STEPHAN B
3417-F TAMiami TRAIL
PORT CHARLOTTE FL 33952**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ALPERN, MICHAEL C DDS**
CITY-ST-ZIP **3100 PORT CHARLOTTE BLVD
PORT CHARLOTTE FL**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **NUELLE, DOUGLAS G MD**
CITY-ST-ZIP **2595 HARBOR BLVD, #102
PORT CHARLOTTE FL**

TITLE ☐ Change ☐ Addition
NAME **Nuelle, Douglas**
STREET ADDRESS **2855 Old Highway #5**
CITY-ST-ZIP **Blue Ridge GA 30513**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **BRANDON, RALPH DDS**
CITY-ST-ZIP **302 NESBIT ST
PUNTA GORDA FL**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Brandon, Ralph**
CITY-ST-ZIP **302 Nesbit St.
Punta Gorda FL 33950**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Ada Hinda Alpern**
CITY-ST-ZIP **3100 Port Charlotte Blvd
Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

25 May 02 941-629-2221

Date

Daytime Phone #

CR2E034 (9/01)