

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000034561**1. Entity Name
THACKER COMPUTER SOLUTIONS, INC.

Principal Place of Business

4324 PLAZA GATE LN
STE 201
JACKSONVILLE
32217

FL

US

Mailing Address

4324 PLAZA GATE LN
STE 201
JACKSONVILLE
32217

FL

US

2. Principal Place of Business

4460 ARCH CREEK DR.

3. Mailing Address

4460 ARCH CREEK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE

FL

City & State
JACKSONVILLE

FL

Zip
32257Country
USZip
32257Country
US4. FEI Number
59-3183299

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

THACKER TIMOTHY A
4324 PLAZA GATE LANE
#201
JACKSONVILLE
32217

FL

US

7. Name and Address of New Registered Agent

Name

THACKER TIMOTHY A

Street Address (P.O. Box Number is Not Acceptable)
4460 ARCH CREEK DR.City
JACKSONVILLE

FL

Zip Code
32257

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 _____ DATE **09/04/2001**

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, 2001 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

TITLE P ☐ Delete
NAME THACKER TIMOTHY A
STREET ADDRESS 4324 PLAZA GATE LANE, #201
CITY-ST-ZIP JACKSONVILLE FL 32217TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME THACKER TIMOTHY A
STREET ADDRESS 4460 ARCH CREEK DR.
CITY-ST-ZIP JACKSONVILLE FL 32257TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Timothy Thacker

P

09/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)