

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90018 006 ***150.00

DOCUMENT # P94000057318

1. Entity Name

THEOPLIS, INC.

Principal Place of Business

**1600 W. 9TH ST.
 RIVIERA BEACH FL 33404
 US**

Mailing Address

**P.O. BOX 16
 FORT LAUDERDALE FL 33302-0016
 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

65-0509413

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WILSON, THEOPLIS
 1600 W 9TH STREET
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WILSON, THEOPLIS L 1600 W. 9TH ST. RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete		
TSD WILSON, AUDIE BERNARD 1600 W. 9TH ST. RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete		
DCTP WILSON, BRUCE EDWARD 1600 W. 9TH ST. RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete		
D WILSON II, PLINA 31 FAIRBANKS STREET RODCHESTER NY	<input type="checkbox"/> Delete		
VMD WILSON, TERRY L 1531 SW 44TH AVE, 12 FT LAUDERDALE FL	<input type="checkbox"/> Delete		
VD WILSON, TED A 227 EDINBURGH STREET RODCHESTER NY	<input type="checkbox"/> Delete		

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

Theoplis L. Wilson

04/27/00

*954-4635142
 954-7179491*

Date

Daytime Phone #

CR2E034 (9/99)