

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name *Threads Inc of Ft. Land.*

P94000058685

**FILED
May 14, 2002 8:00 am
Secretary of State**

05-14-2002 90362 031 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *7041 S.W. 21 Place*

3. Mailing Address *Same*

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

Davie FL

City & State

Zip *33317*

Country *USA*

Zip

Country

4. FEI Number

65-0522596

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ron Pence

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

7041 S.W. 21 Place

City

Davie

FL Zip Code *33317*

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

Ron Pence Ron Pence Pres.

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

4/24/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

*Ron Pence
2470 S.W. 130 Ave
Davie, FL 33325*

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ron Pence

4/24/02

954-473-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)