

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90067 004 ***150.00

DOCUMENT # P95000026692**1. Entity Name**
THEBAUT CONSULTING, INC.**Principal Place of Business**
67 ST. GEORGE PLACE
PALM BEACH GARDENS FL 33418
US**Mailing Address**
67 ST. GEORGE PLACE
PALM BEACH FL 33418
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 **65-0573750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****KOHL, N D JR.**
50 SE KINDRED STREET STE 107
STUART FL 34994**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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **DPST** ☐ Delete
NAME **THEBAUT, BEN R JR.**
STREET ADDRESS **67 ST. GEORGE PLACE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418****TITLE** ☐ Delete
NAME
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CITY-ST-ZIP**TITLE** ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Ben R. Thebaut,**
President**1/7/02**

Date

561-621-3864 or
561-694-7776

Daytime Phone #

CR2E034 (9/01)