

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90829 044 ***150.00

DOCUMENT # P95000040955

1. Entity Name

THERANET, INC.

Principal Place of Business

701 ENTERPRISE RD E
STE. 910
SAFETY HARBOR FL 34695
US

Mailing Address

701 ENTERPRISE RD E
STE. 910
SAFETY HARBOR FL 34695
US

2. Principal Place of Business

2963 Gulf To Bay Blvd
Suite #210
Clearwater, FL

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Clearwater, FL
Zip 33759
Country US

City & State

FL
Zip
Country

4. FEI Number 59-3322038

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

SULLIVAN, TERRY
67 BAYWOOD DRIVE
SAFETY HARBOR FL 34695

Jennifer Sullivan
2118 Flamingo Place
Safety Harbor, FL
34695

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SULLIVAN, JENNIFER	
STREET ADDRESS	2118 FLAMINGO PL.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, TERRY	
STREET ADDRESS	67 BAY WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, TERRY	
STREET ADDRESS	67 BAY WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, TERRY	
STREET ADDRESS	67 BAY WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, JOHN T	
STREET ADDRESS	67 BAY WOODS DR.	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)