

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90297 027 ***150.00

DOCUMENT # **P95000059224**

1. Entity Name
THOUGHTS ALIVE, INC.

Principal Place of Business

**3820 BALD EAGLE LN
 JACKSONVILLE FL 32257
 US**

Mailing Address

**3820 BALD EAGLE LN
 JACKSONVILLE FL 32257
 US**

645286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

City & State

4. FFI Number **59-3442050**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MOYER, GARY W
 3820 BALD EAGLE LN
 JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 fee, if applicable

(NOTE: Registered Agent signature required when re-registering)

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 NAME STREET ADDRESS CITY-STATE-ZIP	PCEO MOYER, GARY W 3820 BALD EAGLE LN JACKSONVILLE FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MOYER, BIRDIE C. 3820 BALD EAGLE LN JACKSONVILLE FL 32254 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AVGO HUNTER, RICHARD D 3820 BALD EAGLE LN JACKSONVILLE FL 32257 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

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:

GARY W. MOYER
 Signature and typed or printed name of signing officer or director

04-23-01 (904) 288-8438
 Date Daytime Phone

CR2E034 (10/00)