

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90327 032 \*\*\*150.00

DOCUMENT # P95000059882

1. Entity Name

4000 THOR CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

40 KRINSKY

Suite, Apt. #, etc.

#13

9259 PECKY CYPRESS LANE

City & State

Boca Raton, FL

Zip

33428

Country

U.S.A.

3. Mailing Address

40 KRINSKY

Suite, Apt. #, etc.

9259 PECKY CYPRESS LANE #13

City & State

BOCA RATON, FL

Zip

33428

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650599044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharon Brown

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

7854 Forestay Drive

City

Lake Worth

FL

Zip Code

33467

**DO NOT WRITE  
IN THIS SPACE**

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.

Sharon K. Brown

(NOTE: Registered Agent signature required when reinstating)

4/25/02

DATE

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	PSD
NAME	Krinsky, Irene
STREET ADDRESS	9259 Pecky Cypress Lane #13
CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D
NAME	Krinsky, Seymour
STREET ADDRESS	9259 Pecky Cypress Lane #13
CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	D
NAME	Brown, Sharon
STREET ADDRESS	7854 Forestay Drive
CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon K. Brown  
DIRECTOR

4/25/02

Date

(561) 439-9623

Daytime Phone #