

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016208

1. Entity Name

THONGPOLL, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90032 025 ***150.00

Principal Place of Business

Mailing Address

512A GREENE STREET
KEY WEST FL 33040

512A GREENE STREET
KEY WEST FL 33040-6660



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0816498

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

7. Name and Address of New Registered Agent

RIABROY, NUNTAWAN
512 GREENE STREET
KEY WEST FL 33040

Name

Apirak Chunsawang

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

512 A Greene Street

City

Key West,

FL

Zip Code
33040

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

Apirak Chunsawang
Apirak Chunsawang

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, 2000 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 PD ☐ Delete
NAME RIABROY, NUNTAWAN
STREET ADDRESS 512 GREENE STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE P N/S/T/D ☐ Change ☒ Addition
NAME Apirak Chunsawang
STREET ADDRESS 1213 14th Street, Lot 199
CITY-ST-ZIP Key West, FL 33040 ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the in
indicated on this report o
of the corporation or the
changed, or on an attac

ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
have the same legal effect as if made under oath; that I am an officer or director
chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #

PLEASE RETURN
ANY CORRESPONDENCE
TO: MARCI L. ROSE, ESQ.
818 White Street
Key West, FL
33040

CR2E034 (9/99)