

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065452

1. Entity Name  
T.H.M., INC.

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**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90028 031 \*\*\*150.00

Principal Place of Business  
905 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

Mailing Address  
905 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH FL 32118



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 65-0852110

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSD  
NAME TARMANN, WILLIAM W  
STREET ADDRESS 905 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE V  
NAME TARMANN, GARY  
STREET ADDRESS 905 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE SD  
NAME TARMANN, WILLIAM J  
STREET ADDRESS 905 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE T  
NAME TARMANN, GAIL  
STREET ADDRESS 905 SOUTH ATLANTIC AVENUE  
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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: William Tarmann 8/16/00 (904) 255-5432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

**T.H.M. Inc.**

Phone 941-255-5432  
Fax 904-254-0885

Attachment  
DH # P18000065452  
DW80613  
905 S. Atlantic Ave.  
Daytona Beach, Florida 32118

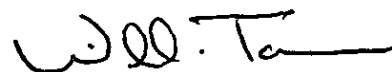
August 16, 2000

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear whom it concerns,

I received 2000 Uniform Business Report stating the scond notice, I do not recall receiving the first notice. I researched my records and have no first notice. I am requesting waiver of the penalty and can be reached at (904) 255-5432 if you have any questions.

Sincerely,



William Tarmann