

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065452

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

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90110 020 ***150.00

000614

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		4. FEI Number 65-0852110		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 <u>William W. TARMANN</u>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<u>905 South Atlantic Ave.</u>			
				City <u>Daytona Beach</u> FL <u>32118</u>			

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] DATE 4/26/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARMANN, WILLIAM W			NAME			
STREET ADDRESS	905 SOUTH ATLANTIC AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARMANN, GARY			NAME			
STREET ADDRESS	905 SOUTH ATLANTIC AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARMANN, WILLIAM J			NAME			
STREET ADDRESS	905 SOUTH ATLANTIC AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TARMANN, GAIL			NAME			
STREET ADDRESS	905 SOUTH ATLANTIC AVENUE			STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL 32118			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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] DATE 4/26/01 1-386-255-5432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)