

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000067161**

1. Entity Name

**THEME STORES OF FLORIDA, INC.****FILED****Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90235 031 \*\*\*150.00

Principal Place of Business  
**1000 UNIVERSAL STUDIOS PLAZA BLDG. 735C  
ORLANDO FL 32819-7610**

Mailing Address  
**99-061 KOAHA WAY  
SUITE 201  
ALEA HI 96-70  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**99-061 KOAHA WAY  
SUITE 201**

City & State  
**AIEA, HI**

Zip  
**96701**

Country  
**USA**

4. FEI Number **33-0815183**

Applied For  
☐ Not Applicable

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**

**FISHER, MICHAEL W  
1 INDEPENDENT DRIVE SUITE 2600  
JACKSONVILLE FL 32202**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D ROBERTSON, RONALD C 99-061 KOAHA WAY SUITE 201 ALEA HI 96701</b>			
<b>D GEIGER, JAMES R 99-061 KOAHA WAY SUITE 201 ALEA HI 96701</b>			
<b>D COTTRAL, ALLEN R 99-061 KOAHA WAY SUITE 201 ALEA HI 96701</b>			
<b>D ROBERTSON, JOANN 99-061 KOAHA WAY SUITE 201 ALEA HI 96701</b>			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)