

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90100 028 \*\*\*150.00

DOCUMENT # P98000067161

1. Entity Name

THEME STORES OF FLORIDA, INC.

Principal Place of Business

1000 UNIVERSAL STUDIOS PLAZA BLDG. 735C  
ORLANDO FL 32819-7610

Mailing Address

99-061 KOAHA WAY  
SUITE 201

WRONG ALEA HI 96-70 US WRONG

2. Principal Place of Business

3. Mailing Address

99-061 KOAHA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 201

City & State

City & State

Aiea, HI

Zip

Country

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 MARK J. FLANDERS CHIEF ACCOUNTANT

(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, 2002 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 D ☐ Delete  
NAME ROBERTSON, RONALD C  
STREET ADDRESS 99-061 KOAHA WAY SUITE 201  
CITY-ST-ZIP AIEA HI 96701

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

TITLE D ☐ Delete  
NAME GEIGER, JAMES R  
STREET ADDRESS 99-061 KOAHA WAY SUITE 201  
CITY-ST-ZIP AIEA HI 96701

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

TITLE D ☐ Delete  
NAME COTTRAL, ALLEN R  
STREET ADDRESS 99-061 KOAHA WAY SUITE 201  
CITY-ST-ZIP AIEA HI 96701

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

TITLE D ☐ Delete  
NAME ROBERTSON, JOANN  
STREET ADDRESS 99-061 KOAHA WAY SUITE 201  
CITY-ST-ZIP AIEA HI 96701

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)