

2001 UNIFORM BUSINESS REPORT (UPP)

5/2

FILED
Jul 19, 2001 8:00 am
Secretary of State

05-22-2001 90643 022 ***150.00

DOCUMENT # **P98000084907**

1. Entity Name

ThoughtSource, Inc.

Principal Place of Business

**701 SW 16th Ct.
 Ft. Lauderdale, FL
 33315**

Mailing Address

**701 SW 16th Ct.
 Ft. Lauderdale, FL
 33315**

2. Principal Place of Business

701 SW 16th Ct.

3. Mailing Address

701 SW 16th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0869802

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

~~Adam Neidenberg~~
~~Eaton Bozarian~~
~~190 Moore St., Suite 430~~
~~Hackensack, NJ 07061~~

~~Adam Neidenberg~~
~~Street Address (P.O. Box Number is Not Acceptable)~~
~~320 SE 9th St.~~
~~Ft. Lauderdale, FL 33316~~

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

Adam Neidenberg

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/16/01

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	Chief Operating Officer Karla Colbin Karla Colbin 701 SW 16th Ct. Ft. Lauderdale, FL 33315	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chief Executive Officer Ken Lavan 701 SW 16th Ct. Ft. Lauderdale, FL 33315	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

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

Karla Colbin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01 954.599-3919

DATE DAYTIME PHONE

CR2E034 (11/00)