

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099425

1. Entity Name

THURGALAND MARKETING AND CONSULTING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90018 040 ***150.00

Principal Place of Business 1651 S. W. 42ND ST. OCALA FL 34474		Mailing Address 1651 S. W. 42ND ST. OCALA FL 34474	
2. Principal Place of Business 1651 SW 42ND ST		3. Mailing Address 1651 SW 42ND ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA, FLORIDA		City & State OCALA, FLORIDA	
Zip 34474	Country USA	Zip 34474	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3552860 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THURGALAND, ROBERT A
1651 S.W. 42ND ST.
OCALA FL 34474

7. Name and Address of New Registered Agent

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 _____ (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	PSD THURGALAND, ROBERT A 1651 SW 42ND ST OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THURGALAND, ROBERT A JR 1651 SW 42ND ST OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Robert A. Thurgaland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

Date

Daytime Phone #

CR2E034 (10/00)