

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099623

1. Entity Name

THRINAX, INC.

Principal Place of Business

1207 GRINNELL ST
KEY WEST FL 33040
US

Mailing Address

P.O. BOX 4588
KEY WEST FL 33041

2. Principal Place of Business

1207 GRINNELL ST. KEY WEST FL

3. Mailing Address

P.O. BOX 4588

Suite, Apt. #, etc.

1207 GRINNELL STREET

Suite, Apt. #, etc.

City & State

KEY WEST, FLORIDA

City & State

KEY WEST, FLORIDA

Zip

33040

Country

MONROE

Zip

33041

Country

MONROE

6. Name and Address of Current Registered Agent

GILLEY, CARL P
1207 GRINNELL STREET
KEY WEST FL 33040

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

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GILLEY, CARL P
CITY-ST-ZIP 1207 GRINNELL STREET
KEY WEST FL 33041

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS \$150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS 15 January 2001
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90091 001 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2F034 (10/00)