

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90202 017 ***550.00

017719 AV

DOCUMENT # P99000008294

1. Entity Name
THEORY3, INC.



Principal Place of Business
**3368 PARKCHESTER SQ.
#201
ORLANDO FL 32835**

Mailing Address
**3368 PARKCHESTER SQ.
#201
ORLANDO FL 32835**



2. Principal Place of Business

3. Mailing Address

P.O. Box 22023

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE BUENA VISTA, FL

Zip

Country

Zip

Country

32830

USA

4. FEI Number **59-3553698**

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

**OSSINSKY, MARC P
210 N. WYMORE ROAD
WINTER PARK FL 32789**

JASON BARBER

Street Address (P.O. Box Number, etc.)
3368 Parkchester Sq Bld # 201

City **Orlando**

FL Zip Code **32835**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BARBER, JASON**
STREET ADDRESS **1001 N. THORTON AVE., #1**
CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **VP** ☐ Delete
NAME **DEUTSCH, DANIEL**
STREET ADDRESS **POB 22623**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

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

TITLE **S** ☐ Delete
NAME **ROTHAN, RUSSELL**
STREET ADDRESS **POB 22390**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **JASON BARBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

**407.701
4861**

Daytime Phone #

CR2E034 (10/02)