

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90017 016 ***150.00

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DOCUMENT # P99000028854

1. Entity Name

THEISEN ENTERPRISES, INC.

Principal Place of Business

**1003 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**1003 ORIENTA AVENUE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3570581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GROSMAN, KURT E
1308 LAKE WILLISARA CIRCLE
ORLANDO FL 32806**

7. Name and Address of New Registered Agent

Name

KURT E. GROSMAN

Street Address (P.O. Box Number is Not Acceptable)

5043 WINWOOD WAY

City

ORLANDO

FL

Zip Code

32819

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

Kurt E. Grosmann

KURT E. GROSMAN

4/9/02

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, 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

TITLE **P** ☐ Delete
NAME **THEISEN, MARK W**
STREET ADDRESS **1003 ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **C** ☐ Delete
NAME **THEISEN, ROBERT W JR**
STREET ADDRESS **1003 ORIENTA AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **VP** ☐ Delete
NAME **GROSMAN, KURT E**
STREET ADDRESS **1308 LAKE WILLISARA CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

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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:

Kurt E. Grosmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KURT E. GROSMAN, Vice President

4/9/02

(407) 292-0808

Date

Daytime Phone #

CR2E034 (9/01)