

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052129

1. Entity Name

THISTLE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90100 045 ***150.00

Principal Place of Business Mailing Address
1006 HORTON ST 1006 HORTON ST
NEW SMYRNA BEACH CA 32169 NEW SMYRNA BEACH CA 32169-2926

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

59-3581480

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name JAMES E. MACK

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

1006 HORTON STREET

NEW SMYRNA BEACH

City NEW SMYRNA BEACH

FL

Zip Code 32169

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

James E. Mack REGISTERED AGENT JAMES E. MACK

1/26/00

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, 2000 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 D
NAME KLATT, SAMANTHA
STREET ADDRESS 1006 HORTON ST
CITY-ST-ZIP NEW SMYRNA BEACH CA 32169 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR
NAME BETTY B. MACK
STREET ADDRESS 1006 HORTON STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ☒ Change ☐ Addition

TITLE PRESIDENT
NAME BETTY B. MACK
STREET ADDRESS 1006 HORTON STREET
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 ☐ Change ☒ Addition

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

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

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:

Betty B. Mack PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

904-427-7676

Daytime Phone #