

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2001 90040 048 ***150.00

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DOCUMENT # P99000053392

1. Entity Name
THEKLA GORMAN, INC.

Principal Place of Business 29550 OSPREY LANE BIG PINE KEY FL 33043	Mailing Address 29550 OSPREY LANE BIG PINE KEY FL 33043
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1525 KEY DEER BLVD.	3. Mailing Address 1525 KEY DEER BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BIG PINE KEY	City & State BIG PINE KEY

4. FEI Number 65-0934605	Applied For <input type="checkbox"/> Not Applicable
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Zip 33043	Country FL.	Zip 33043	Country FL.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GORMAN, THEKLA
 29550 OSPREY LANE
 BIG PINE KEY FL 33043**

7. Name and Address of New Registered Agent

Name **THEKLA GORMAN, INC.**
 Street Address (P.O. Box Number is Not Acceptable)
1525 KEY DEER BLVD.
 City **BIG PINE KEY FL. FL** Zip Code **33043**

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 *Thelba Gorman* DATE 1-16-2001

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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD GORMAN, THEKLA 29550 OSPREY LANE BIG PINE KEY FL 33043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD GORMAN THEKLA 1525 KEY DEER BLVD. BIG PINE KEY FL. 33043 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thelba Gorman* DATE 1-16-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)