

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 008 ***150.00

DOCUMENT #

1. Entity Name

THEKLA Gorman INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

29570 OSPREY LN.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 430214

Suite, Apt. #, etc.

City & State

BIG PINE KEY

City & State

BIG PINE KEY

Zip

33043

Country

FL

Zip

33043

Country

FL

4. FEI Number

650934605/261512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

THEKLA Gorman

2-6-02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

STREET ADDRESS
CITY-ST-ZIP

THEKLA GORMAN

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

P.O. BOX 430214

STREET ADDRESS
CITY-ST-ZIP

BIG PINE KEY

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

THEKLA Gorman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02

Date

Daytime Phone #

CR2E034B (12/01)