

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90013 047 ***150.00

DOCUMENT # P99000054457

1. Entity Name

THAYER APPLIED TECHNOLOGIES, INC.

Principal Place of Business

**450 KINGSTON RD.
 SATELLITE BCH FL 32937**

Mailing Address

**450 KINGSTON RD.
 SATELLITE BCH FL 32937**

2. Principal Place of Business

1808 PARKSIDE PLACE

Suite, Apt. #, etc.

INDIAN HARBOR BEACH

City & State

FL

3. Mailing Address

P.O. Box 372478

Suite, Apt. #, etc.

SATELLITE BEACH FL

City & State

Zip

32937

Country

US

Zip

32937

Country

US

4. FEI Number

59-3585011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THAYER, STEPHEN W

450 KINGSTON RD.

SATELLITE BCH FL 32937

7. Name and Address of New Registered Agent

Name

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

1808 PARKSIDE PLACE

City

INDIAN HARBOR BEACH

FL

Zip Code

32957

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

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	D	<input type="checkbox"/> Delete
NAME	THAYER, STEPHEN W	
STREET ADDRESS	450 KINGSTON RD.	
CITY-ST-ZIP	SATELLITE BCH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	THAYER, STEPHEN, W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1808 PARKSIDE PLACE	
STREET ADDRESS	32937	
CITY-ST-ZIP	INDIAN INDIAN HARBOR BEACH, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

321 777-8811

Daytime Phone #

CRZE034 (9/01)