

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072692

1. Entity Name
THINKTANK INDUSTRIES, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90094 020 ***550.00

Principal Place of Business

905 HILLCREST AVENUE
STUART FL 33994

Mailing Address

905 HILLCREST AVENUE
STUART FL 33994

B0105005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

175 E. MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.
SUITE 100

City & State

STUART, FL.

Zip

34952 MARTIN

Country

3. Mailing Address

175 E. MARTIN LUTHER KING BLVD
Suite, Apt. #, etc.
SUITE 100

City & State

STUART, FL.

Zip

34952 MARTIN

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YATES, TIMOTHY
2222 S E SHIPPING ROAD
PORT ST. LUCIE FL 34952

Name

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

City

FL

Zip Code

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 *Timothy Yates*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEA ANN YATES
2222 S.E. SHIPPING RD.
PORT ST. LUCIE, FL. 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAROL YATES
2198 S.E. SHIPPING RD.
PORT ST. LUCIE, FL. 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
T/S
TIMOTHY YATES
2222 SE SHIPPING RD.
PORT ST. LUCIE, FL. 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 *Timothy Yates* SECRETARY 8/31/2000 561-287-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)