

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098436

1. Entity Name
THALATA, INC.

Principal Place of Business
2275 ATLANTIC BLVD. #100
NEPTUNE BEACH FL 32266

Mailing Address
PO BOX 330108
ATLANTIC BEACH FL 32233-0108

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3606396

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORRELL, MARY C ESQ.
2275 ATLANTIC BOULEVARD
SUITE 200
NEPTUNE BEACH FL 32266

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

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

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	PSTD HIONIDES, CHRIS 2275 ATLANTIC BLVD. #100 NEPTUNE BEACH FL 32266	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
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CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: *Chris Hionides*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Hionides

4/30/02

(904) 241-1501

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)