

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90017 002 \*\*\*150.00

**DOCUMENT # S01719**  
 1. Entity Name  
**TILT-UP PROFESSIONALS CORPORATION**

Principal Place of Business Mailing Address  
**1003 ORIENTA AVENUE 1003 ORIENTA AVENUE**  
**SUITE 1100 SUITE 1100**  
**ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701**  
**US US**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.  
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3040996**  
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**GROSMAN, KURT E**  
**1308 LAKE WILLISARA CIRCLE**  
**ORLANDO FL 32806**

7. Name and Address of New Registered Agent  
 Name **KURT E GROSMAN**  
 Street Address (P.O. Box Number is Not Acceptable) **5043 WINWOOD WAY**  
 City **ORLANDO** FL Zip Code **32819**

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 **KURT E. GROSMAN** DATE **4/9/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <input type="checkbox"/> Delete	<b>S</b>
NAME	<b>THEISEN, ROBERT W. J</b>
STREET ADDRESS	<b>1003 ORIENTA AVENUE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>
TITLE <input type="checkbox"/> Delete	<b>P</b>
NAME	<b>THEISEN, MARK W</b>
STREET ADDRESS	<b>1003 ORIENTA AVENUE</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **Robert W. Theisen, Jr., Secretary** DATE **4/09/02** (407) 292-0808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)