

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
1003 ORIENTA AVENUE
SUITE 1100
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
1003 ORIENTA AVENUE
SUITE 1100
ALTAMONTE SPRINGS FL 32701
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3040996**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROSMAN, KURT E
1308 LAKE WILLISARA CIRCLE
ORLANDO FL 32806

Name **KURT E GROSMAN**

Street Address (P.O. Box Number is Not Acceptable)
5043 WINWOOD WAY

City **ORLANDO**

FL **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. Grosmann*
 Signature, typed or printed name of registered agent and title if applicable.

KURT E. GROSMAN

4/9/02
 DATE

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
 NAME **THEISEN, ROBERT W. J**
 STREET ADDRESS **1003 ORIENTA AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **P** ☐ Delete
 NAME **THEISEN, MARK W**
 STREET ADDRESS **1003 ORIENTA AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/9/02** Daytime Phone # **(407) 292-0808**

CR2E034 (9/01)