

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90063 022 \*\*\*150.00

**DOCUMENT # S24104**

1. Entity Name  
**THERCORP INC.**



Principal Place of Business  
**RT. 1 BOX 25  
LAMONT FL 32336**

Mailing Address  
**RT. 1 BOX 25  
LAMONT FL 32336**



2. Principal Place of Business  
**14279 N US Hwy 19**  
Suite, Apt. #, etc.

3. Mailing Address  
**14279 N. US Hwy 19**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**LAMONT FL**  
Zip  
**32336** Country  
**USA**

City & State  
**LAMONT, FL**  
Zip  
**32336** Country  
**USA**

4. FEI Number **59-3337826**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RATLIFF, SHERRI ROBIN DALE**  
**RT. 1 BOX 25**  
**LAMONT FL 32336**

**7. Name and Address of New Registered Agent**

Name **SHERRI ROBIN DALE RATLIFF**  
Street Address (P.O. Box Number is Not Acceptable)  
**14279 US Hwy 19 N.**  
City **LAMONT** FL Zip Code **32336**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sherrí Robin Dale Ratliff*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME **PAS**  
STREET ADDRESS **RATLIFF, HENRIETTA**  
CITY-ST-ZIP **RT 1 BOX 25  
LAMONT FL 32336** ☐ Delete

TITLE  
NAME **TVP**  
STREET ADDRESS **RATLIFF, SHERRI ROBIN DALE**  
CITY-ST-ZIP **RT 1 BOX 25  
LAMONT FL 32336** ☐ Delete

TITLE  
NAME **VPS**  
STREET ADDRESS **RATLIFF, TODD**  
CITY-ST-ZIP **5800 S.W. 130 AVE.  
FT. LAUDERDALE FL 32336** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **14279 N US Hwy 19  
LAMONT FL 32336** ☒ Change ☐ Addition

TITLE  
NAME **SAME**  
STREET ADDRESS **SAME**  
CITY-ST-ZIP **14279 N US Hwy 19  
LAMONT, FL 32336** ☒ Change ☐ Addition

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherrí Robin Dale Ratliff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

850 942-4178

Date

Daytime Phone #

CR2E034 (10/02)