

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # S67518

1. Entity Name
THIRD AND 101, INC.



Principal Place of Business
800 S.E. THIRD AVE.
SUITE 300
FORT LAUDERDALE, FL 33316 US

Mailing Address
800 S.E. THIRD AVE.
SUITE 300
FORT LAUDERDALE, FL 33316 US



DO NOT WRITE IN THIS SPACE

02162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0278968

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHORR, MARK B
800 S.E. THIRD AVE.
STE 300
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GOLDING, SHELDON
STREET ADDRESS	800 SE 3RD AVE, SUITE 300
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	DT
NAME	SCHORR, MARK B
STREET ADDRESS	800 SE 3RD AVE, SUITE 300
CITY - ST - ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000366181
05/13/05-800US-017 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mark B. Schorr MARK B. SCHORR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/05

Daytime Phone #

954-761-3774