

2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

DOCUMENT # **V19678**

1. Entity Name

THS-TAR, INC

APPROVED
AND
FILED

00 MAY 23 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

277 CAMBRIDGE DRIVE
LONGWOOD, FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3113043

Applied For

Not Applicable

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

TROY OLSON
277 CAMBRIDGE DR.
LONGWOOD, FL 32779

Name
TROY OLSON

Street Address (P.O. Box Number is Not Acceptable)
277 CAMBRIDGE DRIVE

City
LONGWOOD

FL

Zip Code
32779

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)

5-15-00

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
TROY OLSON ,p,dir,tr,sec.
277 CAMBRIDGE DRIVE
LONGWOOD, FL 32779

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003292981--1
-05/15/00--01156--017
****300.00 ****300.00

☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-00

Date

Daytime Phone #

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May 17, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32379

RE: Filing of the annual report
THIS TAR, INC. 59-3113043

To Whom It May Concern:

I am writing to ask that the corporation be re-instated. I just realized that it hadn't been filed and I haven't the renewal forms because of a change in address and the annual report for 1999 & 2000 were never received. I appologize for the error but I'm asking that the fees to reinstate be waived. I have enclosed a check for \$300.00 for 1999 & 2000. I understand that this is a one time waiver. Thank you for your understanding.

Sincerely,



Troy Olson, Pres.