

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000057318

**Entity Name:** THEOPLIS, INC.

**Current Principal Place of Business:**

1600 W. 9TH ST.  
RIVIERA BEACH, FL 33404

**Current Mailing Address:**

P.O. BOX 16  
FORT LAUDERDALE, FL 33302 US

**FEI Number: 65-0509413**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WILSON, THEOPLIS L  
1600 W 9TH STREET  
RIVIERA BEACH, FL 33404 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name WILSON, THEOPLIS L  
Address 1600 W. 9TH ST.  
City-State-Zip: RIVIERA BEACH FL 33404

Title TSD  
Name WILSON, AUDIE BERNARD  
Address 1600 W. 9TH ST.  
City-State-Zip: RIVIERA BEACH FL 33404

Title D  
Name WILSON II, PLINA  
Address 2294 PORTLAND AVE  
City-State-Zip: RODCHESTER NY 14621

Title VMD  
Name WILSON, TERRY L  
Address 1600 W 9TH STREET  
City-State-Zip: RIVIERA BEACH FL 33404

Title VD  
Name WILSON, TED A  
Address 227 EDINBURGH STREET  
City-State-Zip: RODCHESTER NY

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THEOPLIS LAMAR WILSON**

**D**

**05/01/2022**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date