

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90110 030 ***150.00

DOCUMENT # P00000034544

1. Entity Name

T3D, INC.

Principal Place of Business

Mailing Address

**123 KELLY CIRCLE
 SANFORD FL 32773**

**123 KELLY CIRCLE
 SANFORD FL 32773**

2. Principal Place of Business

975 FLORIDA CENTRAL PKWY "SAME"

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1200

City & State

LONGWOOD FL

4. FEI Number

59-3636162

Applied For

Not Applicable

Zip

Country

Zip

Country

32750

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLDEN, THOMAS
 123 KELLY CIRCLE
 SANFORD FL 32773**

Name

GOLDEN, THOMAS

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

938 FRAMLINGHAM CT, #106

City

LAKE MARY,

FL

Zip Code

32746

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

Thomas Golden

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS G	
STREET ADDRESS	1293 G. CHENEY HW.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDEN, THOMAS	
STREET ADDRESS	938 FRAMLINGHAM CT.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAING, THOMAS D III	
STREET ADDRESS	123 KELLY CIRCLE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MCCONNELL, DANIEL L	
STREET ADDRESS	880 SWEETWATER ISLAND	
CITY-ST-ZIP	LAKE MARY FL 32779	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KENNETH E	
STREET ADDRESS	1602 NORTHLAKE DR.	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDICO, JOHN J	
STREET ADDRESS	10408 PALM BROOKE TERRACE	
CITY-ST-ZIP	BRADENTON, FL 32402	

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:

Thomas Golden

THOMAS GOLDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

407-830-5503

Daytime Phone #

CR2E034 (10/00)