

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90393 017 ***550.00

DOCUMENT # P00000034544

1. Entity Name

T3D, Inc,

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6855 Tico Rd.

Suite, Apt. #, etc.

Suite 11

3. Mailing Address

123 Kelly Circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Titusville, FL

City & State

Sanford, FL

4. FEI Number

59-3636162

Applied For
Not Applicable

Zip

32780

Country

USA

Zip

32773

Country

USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Thomas Golden

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 THOMAS GOLDEN SECRETARY 6/6/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PD
NAME	Thomas G. Smith
STREET ADDRESS	1293 G. Cheney Hw.
CITY-STATE-ZIP	Titusville, FL 32780
TITLE	SD
NAME	Thomas Golden
STREET ADDRESS	938 Framlingham Ct, #106
CITY-STATE-ZIP	Lake Mary, FL 32746
TITLE	TD
NAME	Thomas D. Laing III
STREET ADDRESS	123 Kelly Circle
CITY-STATE-ZIP	Sanford, FL 32773
TITLE	VPD
NAME	John J. Medico
STREET ADDRESS	11210 Beebalm Circle
CITY-STATE-ZIP	Bradenton, FL 34202
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address. With all other like empowered.

SIGNATURE:

Thomas Golden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/02

Date

407-323-5684

Daytime Phone #

CR2E034B (12/01)