

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 409902

1. Entity Name

THOMAS SIGN AND AWNING COMPANY, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90090 043 ***150.00

Principal Place of Business

Mailing Address

4590 118TH AVENUE NO.
CLEARWATER FL 33762

4590 118TH AVENUE NO.
CLEARWATER FL 33762-4405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1436573

Applied For

Not Applicable

Zip

33762

Country

Zip

Country

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

LEONARDO ENGLANDER
721 FRIST AVE NORTH
ST. PETERSBURG FL 33701

Name **LEONARD S. ENGLANDER**

Street Address (P.O. Box Number is Not Acceptable)
721 FIRST AVE NORTH

City **ST. PETERSBURG**

FL

Zip Code **33701**

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)

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 **VT THOMAS, WILLARD WADE** ☐ Delete
STREET ADDRESS **9773 SAGO POINT DRIVE**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4590-118 AVE. NORTH**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE
NAME **PS THOMAS, PRISCILLA G.** ☐ Delete
STREET ADDRESS **9773 SAGO POINT DRIVE**
CITY-ST-ZIP **LARGO FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4590-118 AVE. NORTH**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME ☐ Delete
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NAME ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRISCILLA G. THOMAS
PRESIDENT

JAN. 10, 2000

Date

Daytime Phone #

(727) 573-7757

CR2E034 (9/99)