## 2002 Uniform Business Report (UBR)

DOCUMENT # H44056  1. Entity Name THOMAS PRODUCE COMPANY					Secretary of State 03-20-2002 90047 046 ***150.00			
Principal Place of Business 9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016		Mailing Address 9905 CLINT MOORE ROAD BOCA RATON FL 33496-1016			800456 <b>05</b>			
2. Principal P	lace of Business	3. Mailing Address				A BRINE BROKE BROKE DEBI	# B18# 4#	\\ <b>-</b>    \
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI	Number <b>59-2572651</b>			olied For Applicable
Zip	Country	Zip	Country	<b>5.</b> Cer	tificate of Status Desired		75 Addi Required	
1	6. Name and Address of Current R	egistered Agent		7. Nan	e and Address of New Re	gistered Agent		
LASALLE,	THOMAS L.		s (P.O. Box	A L. Wils  Number is Not Acceptable)	son			
5353 N FE	EDERAL HWY							
#405			990	5 (	Clint Moor	e Rd	•	
FT. LAUDERDALE FL 33308			City BOC	ak	Pacton		ip Code	196
8. The above SIGNATURE.	named entity submits this statement for the	Dela-				ida. 3/5/63	<u> </u>	
	Signature typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Agent signature requi	ired when reinst	aling)	JDATE /	<del></del>	
Tax filing requirement and elects to do so After May 1, 2			FEE IS \$150.00 2 Fee will be \$550.00 e to Department of S	)	<ol> <li>Election Campaign Fina Trust Fund Contribution</li> </ol>			May Be to Fees
11,	OFFICERS AND D	IRECTORS	12.	ADDIT	TIONS/CHANGES TO OFFIC	CERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMAS, NORMAN 9905 CLINT MOORE RD BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, SR., JOHN 9905 CLINT MOORE ROAD BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	T -THOMAS, JR.; JOHN 9905 CLINT MOORE RD BOCA RATON FL	□ Delete	TITLE NAME : STREET ADDRESS CITY-ST-ZIP			c	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JEFFREY 9905 CLINT MOORE RD BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, STEPHEN 9905 CLINT MOORE RD BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with the contract of the contract	rue and accurate and that my vered to execute this report as	r cignature chall have th	e same led	al effect as if made under o	ath: that I am an	officer c	or director

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Described Phone #