

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90181 013 \*\*\*150.00

**DOCUMENT # 578373**

Entity Name  
**T.H.G.'RENTALS & SALES OF CLEARWATER, INC.**

Principal Place of Business  
**3445 E. BAY DRIVE  
 LARGO FL 34641**

Mailing Address  
**3445 E. BAY DRIVE  
 LARGO FL 33771  
 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1836106**

Applied For  
 Not Applicable

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

**HOLCOMBE, NORMAN W.  
 1108 GULF BLVD SUITE 301  
 INDIAN ROCKS BEACH FL 33785**

Name  
**John W. Holcombe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**19937 Gulf Blvd A-4**  
 City  
**INDIAN STORES, FL** Zip Code  
**33785**

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  DATE **3/26/2001**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HOLCOMBE, JOHN W.	3001 CEDAR TRACE	TARPOON SPRINGS FL	<input type="checkbox"/>
ST	HOLCOMBE, NORMAN W.	1108 GULF BLVD	INDIAN ROCKS BEACH FL	<input checked="" type="checkbox"/>
V	HAWKINS, MARY	1 19TH AVE UNIT 2	INDIAN ROCKS BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		19937 Gulf Blvd A-4	INDIAN STORES, FL 33785	<input checked="" type="checkbox"/>
ST	Holcombe, Marietta	19937 Gulf Blvd A-4	INDIAN STORES, FL 33785	<input checked="" type="checkbox"/>
	UNIT III			<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 another like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2001 727-536-5923  
 Date Daytime Phone #

CR2E034 (10/00)