## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 10, 2001 8:00 am Secretary of State **DOCUMENT # 176714** 1. Entity Name THOMAS & SONS ROOFING CO., INC. 01-10-2001 90074 031 \*\*\*150.00 Principal Place of Business Mailing Address 247 S.E. 1ST TERRACE 247 S.E. 1ST TERRACE DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0714543 Not Applicable **=**47 \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --Name THOMAS, DONALD K Street Address (P.O. Box Number is Not Acceptable) 1006 SE 6TH ST **DEERFIELD BEACH FL 33441** Zip Code City F 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE =:= THOMAS.DONALD K NAME NAME STREET ADDRESS STREET ADDRESS 1006 S.E. 6TH STREET =:= CITY-ST-7IP CITY-ST-ZIP DEERFIELD BCH FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME THOMAS, MILDRED NAME 1006 S.E. 6TH STREET STREET ADDRESS STREET ADDRESS **■** i₹. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Addition ☐ Change <sup>a</sup> - - Delete\*\* TITLE - -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 empowered.