

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90049 041 ***150.00

0031516

DOCUMENT # 331397

1. Entity Name

THOMAS S. ARCHER INC.

Principal Place of Business

127 E. ZARAGOZA ST.
 SUITE 101
 PENSACOLA FL 32501

Mailing Address

127 E. ZARAGOZA ST.
 SUITE 101
 PENSACOLA FL 32501

2. Principal Place of Business

109 E. GARDEN ST.

3. Mailing Address

109 E. GARDEN ST.

Suite, Apt. #, etc.

"F"

Suite, Apt. #, etc.

"F"

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32501

Country

Zip

32501

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1302045**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARCHER, THOMAS E
133 SABINE DRIVE
PENSACOLA BEACH FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARCHER, THOMAS E	
STREET ADDRESS	133 SABINE DR.	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, MARY F.	
STREET ADDRESS	133 SABINE DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHER, PETER J.	
STREET ADDRESS	133 SABINE DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

Thomas E. Archer **THOMAS E. ARCHER**

3/14/01

Date

800 434 6293

Daytime Phone #

CR2E034 (10/00)