

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**  
 04-07-2001 90025 048 \*\*\*150.00

0167593

**DOCUMENT # 524977**

1. Entity Name

**THOMAS H. INMAN, INC.**

Principal Place of Business

**9704 NE 2 AVE  
 MIAMI SHORES FL 33138**

Mailing Address

**9704 NE 2 AVE  
 MIAMI SHORES FL 33138**

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 **59-1719504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**INMAN, THOMAS  
 1798 WEST 79TH ST.  
 HIALEAH FL 33104**

7. Name and Address of New Registered Agent

Name **INMAN, Thomas**

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

**2660 Palmer Place**

City **Weston**

**FL**

Zip Code **33332**

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	PD	<input type="checkbox"/> Delete
NAME	INMAN, THOMAS H.	
STREET ADDRESS	1798 W. 79TH ST. 2660 Palmer Place	
CITY-ST-ZIP	HIALEAH FL Weston FL 33332	
TITLE	SV	<input type="checkbox"/> Delete
NAME	INMAN, DOLORES A	
STREET ADDRESS	1798 W. 79TH ST. 2660 Palmer Place	
CITY-ST-ZIP	HIALEAH FL Weston FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	INMAN, CATHIE M.	
STREET ADDRESS	1798 W. 79TH ST. 14340 Glencairn Rd.	
CITY-ST-ZIP	HIALEAH FL Miami Lakes FL 33016	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas H. Inman**

**4/4/01**

Date

**305 754 7056**

Daytime Phone #

CR2E034 (10/00)