

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 585354

1. Entity Name

ROGER G. THOMAS GENERAL CONTRACTOR, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90084 003 ***150.00

Principal Place of Business

Mailing Address

24 LEEWARD CIRCLE
 304
 TEQUESTA FL 33469
 US

24 LEEWARD CIRCLE
 TEQUESTA FL 33469-2024
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9294 SE COVE POINT ST
 Suite, Apt. #, etc.

9294 SE COVE POINT ST
 Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

4. FEI Number

59-1852520

Applied For

Not Applicable

Zip

33469

Country

US

Zip

33469

Country

US

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

THOMAS, ROGER
 24 LEEWARD CIRCLE
 TEQUESTA FL 33469

Name ROGER G. THOMAS
 Street Address (P.O. Box Number is Not Acceptable)

9294 SE COVE POINT ST
 City TEQUESTA FL Zip Code 33469

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, 2000 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | P THOMAS, ROGER G 24 LEEWARD CIRCLE TEQUESTA FL 33469 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | V THOMAS, JANICE 24 LEEWARD CIRCLE TEQUESTA FL 33469 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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

Date

Daytime Phone #

Janice R. Thomas 1/17/00 561-743-0345

CR2E034 (9/99)