## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # 602478** 1. Entity Name EWING AND THOMAS, INC. 03-12-2001 90428 045 \*\*\*150.00 Principal Place of Business Mailing Address 5311 GRAND BOULEVARD 5311 GRAND BOULEVARD NEW PORT RICHEY FL 34652 **NEW PORT RICHEY FL 34652** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1315226 City & State Not Applicable Country \$8.75 Additional 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, DELORES LYNN Street Address (P.O. Box Number is Not Acceptable) 5311 GRND BOULEVARD **NEW PORT RICHEY FL 34652** 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 DATE (NOTE: Registered Agent signature required when reinstating) 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE Delete MILLS, ELIZABETH E NAME NAME STREET ADDRESS 5452 LK LECLARE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LUTZ FL STD ☐ Delete TITLE TITLE THOMAS, DELORES LYNNE NAME NAME 1115 PENNSYLVANIA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM HARBOR FL Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR