

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90100 008 ***150.00

DOCUMENT # 627956

1. Entity Name
ED THOMAS INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

**890 STATE ROAD 434 EAST
 LONGWOOD FL 32750
 US**

**890 STATE ROAD 434 EAST
 LONGWOOD FL 32750
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

808 DELA BOSQUE

P.O. Box 520549

City & State

City & State

LONGWOOD FL

LONGWOOD

Zip

Country

Zip

Country

32779 SEMINOLE

32752-0549 SEMINOLE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMAS, ED
 890 STATE ROAD 434 EAST
 LONGWOOD FL 32750**

Name

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

808 DELA BOSQUE

City **LONGWOOD**

FL

Zip Code **32779**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **THOMAS, ED**
 CITY-ST-ZIP **890 STATE ROAD 434 EAST
 LONGWOOD FL**

TITLE ☒ Change ☐ Addition
 NAME **808 DELA BOSQUE**
 STREET ADDRESS **LONGWOOD FL 32779**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)