

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90109 031 \*\*\*150.00

0462914

**DOCUMENT # 689181**

1. Entity Name  
**THOMAS MOTOR CARS, INC.**

Principal Place of Business <b>HIGHWAY 90 EAST          QUINCY FL 32351</b>	Mailing Address <b>PO BOX 350          QUINCY FL 32353-350          US</b>
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2. Principal Place of Business <b>23617 Blue Star Hwy</b>	3. Mailing Address
Suite, Apt. #, etc. <i>(new 911 address)</i>	Suite, Apt. #, etc.

City & State <b>Quincy FL</b>	City & State	4. FEI Number <b>59-2041638</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32351</b>	Country <b>Gadsden</b>	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**GARDNER, CHARLES  
 1300 THOMASWOODS DR  
 TALLAHASSEE FL 32312**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, BRUCE H		NAME	
STREET ADDRESS 412 N. JACKSON ST.		STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, HOWARD E		NAME	
STREET ADDRESS 527 N JACKSON		STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUBER, JR. W		NAME	
STREET ADDRESS 403 HIGHLAND AVE		STREET ADDRESS	
CITY-ST-ZIP QUINCY FL		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: William B. Suber Jr S/T Date: 4-6-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 875-2000  
WILLIAM B. SUBER JR S/T

CR2E034 (10/00)