2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

689181 **DOCUMENT #**

1. Entitý Name THOMAS MOTOR CARS, INC.



FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90161 037 ***150.00

	<i>j</i> •							
Principal Place of Business 23617 BLUE STAR HWY QUINCY FL 32351		Mailing Address PO BOX 350 QUINCY FL 32353-350 US						
2. Principal Place of Business		3. Mailing Address			- -			
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		☐ CHECK HERE IF MAKING C	HANGES	3	
City & Stat	te	City & State			4. FEI Number 59-2041638	Applied For Not Applicable		
Zip	Country	Zip	Coun	itry		8.75 Ac	Iditional	
	6. Name and Address of Currer	t Registered Agent		Ī	7. Name and Address of New Registered Age	ent	-	1
				Name				
GARDNER, CHARLES				Street Address /	(P.O. Box Number is Not Acceptable)			ł
1300 THO	MASWOODS DR			Sireel Address (r.O. Box Number is Not Acceptable)			l
TALLAHAS	SSEE FL 32312	•						1
	,			City	FL	Zip Cod	de	
	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age			ed office or register	red agent, or both, in the State of Florida. I am fan	niliar with	, and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	1			9. Election Campaign Financing Trust Fund Contribution.	Adde	DO May Be d to Fees	
10.	OFFICERS AN		11.		ADDITIONS/CHANGES TO OFFICERS AND D			۽ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, BRUCE H 412 N. JACKSON ST. QUINCY FL					☐ Change	☐ Addition	E024 (40/05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER, E W 1041 HICKORY LANE HAVANA FL 32333			l		Change	Addition	Cac
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SUBER, JR. W 403 HIGHLAND AVE QUINCY FL					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·]		l l		☐ Change	Addition	
TITLE NAME STREET ADDRESS			Delete TITLI NAM STRE		С] Change	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP