

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696672

1. Entity Name  
T.L.B. SUPPLY, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**  
03-06-2000 90085 004 \*\*\*150.00

Principal Place of Business  
405 E TERR DRIVE  
PLANT CITY FL 33565-9020

Mailing Address  
405 E TERR DRIVE  
PLANT CITY FL 33565-9020

2. Principal Place of Business  
1003 MENDONSA Rd.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
PLANT CITY, FL

City & State

Zip  
33566

Country

4. FEI Number 59-2124323

Applied For  
Not Applicable

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, DAVID REED  
106 SEVILLE CT. SO.  
PLANT CITY, FLORIDA  
P18719 FL 33567

Name

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

City FL 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 \_\_\_\_\_ (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

TITLE DP  
NAME THOMAS, DAVID REED  
STREET ADDRESS 106 SEVILLE COURT SO.  
CITY-ST-ZIP PLANT CITY, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVP  
NAME THOMAS, JEROME H  
STREET ADDRESS 1003 MONDONSA ROAD  
CITY-ST-ZIP PLANT CITY FL 33567

TITLE  
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CITY-ST-ZIP

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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: JEROME H. THOMAS 3/2/00 813 754 5486  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)