

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016526
AT

DOCUMENT # **A00000000747**

1. Entity Name

ALMA THOMAS INVESTMENTS, LTD.

02 APR 15 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2750 S.E. OCEAN BLVD., APT. 115 NORTH
STUART FL 34996**

Mailing Address
**2750 S.E. OCEAN BLVD., APT. 115 NORTH
STUART FL 34996**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

APPLIED FOR
65-1009868

Applied For

Not Applicable

Zip

Country

Zip

Country

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, ALMA A
2750 S.E. OCEAN BLVD., APT. 115 NORTH
STUART FL 34996**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**THOMAS, ALMA A
2750 S.E. OCEAN BLVD., APT. 115 NORTH
STUART FL 34996**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership; the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

561-286-8050

SIGNATURE: **X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/12/02 X Alma Thomas

Date

Daytime Phone #

CR2E003 (9/01)