

# 20Q1. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F26765

1. Entity Name  
SIR THOMAS, INC.

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90096 008 \*\*\*150.00

Principal Place of Business

19800 VETERANS BLVD  
UNIT 1A  
PORT CHARLOTTE FL 33954  
US

Mailing Address

740 TAMiami TRAIL  
PORT CHARLOTTE FL 33953  
US

80055373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19800 Veterans Blvd  
Suite, Apt. #, etc.  
Unit 1A

3. Mailing Address

SAME AS #2  
Suite, Apt. #, etc.

City & State  
Port Charlotte FL

City & State

4. FEI Number 59-2076655

Applied For  
Not Applicable

Zip 33954 Country Charlotte

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

D'APRILE, THOMAS C.  
740 TAMiami TRAIL  
PT CHARLOTTE FL 33953

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.

(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 PD  
NAME D'APRILE, THOMAS C  
STREET ADDRESS 24673 NOVA LANE  
CITY-ST-ZIP PUNTA GORDA FL ☐ Delete

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

TITLE SDT  
NAME D'APRILE, DELORES  
STREET ADDRESS 24673 NOVA LN  
CITY-ST-ZIP PUNTA GORDA FL ☒ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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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:

*Thomas D'Aprile* 4/29/01 941 743 2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)