

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90141 044 ***150.00

DOCUMENT # F81414

1. Entity Name

THOMAS BROS. FARMS, INC.

Principal Place of Business

9905 CLINTMORE RD
 BOCA RATON FL 33496-1016

Mailing Address

9905 CLINTMORE RD
 BOCA RATON FL 33496-1016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2203889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASALLE, THOMAS L
5353 N FEDERAL HWY
#405
FORT LAUDERDALE FL 33308

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

T Delete
 TITLE NAME **THOMAS, STEPHEN**
 STREET ADDRESS **9905 CLINTMORE RD**
 CITY-ST-ZIP **BOCA RATON FL**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD Delete
 TITLE NAME **THOMAS, NORMAN**
 STREET ADDRESS **9905 CLINTMORE RD**
 CITY-ST-ZIP **BOCA RATON FL**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD Delete
 TITLE NAME **THOMAS, JOHN JR**
 STREET ADDRESS **9905 CLINTMORE RD**
 CITY-ST-ZIP **BOCA RATON FL**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

V Delete
 TITLE NAME **THOMAS, JEFFREY**
 STREET ADDRESS **9905 CLINTMORE RD**
 CITY-ST-ZIP **BOCA RATON FL**

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen M. Thomas 1/30/01 561-483-1111

CR2E034 (10/00)