

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91326 036 \*\*\*150.00

DOCUMENT # F97000000015

1. Entity Name

Thomas Enterprises of Georgia, Inc.

**DO NOT WRITE IN THIS SPACE**

668114

2. Principal Place of Business

300 Village Green Circle

Suite, Apt. #, etc.

200

City & State

Smyrna, GA

Zip

30080

Country

USA

3. Mailing Address

300 Village Green Circle

Suite, Apt. #, etc.

200

City & State

Smyrna, GA

Zip

Country

4. FEI Number

58-1990153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.

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

526 E Park Ave

City Tallahassee

FL

Zip Code  
32301

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP Thomas, Stanley E. 300 Village Green Cir Ste 200 Smyrna, GA 30080	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Oldham, Larry C 4025 Brook Drive Ste 200 Cumming, GA 30041	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley E. Thomas President 4/25/02 770 801 8222

Date

Daytime Phone #

CR2E034B (12/01)