2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90012 033 ***550.00

DOCUMENT # G43420

1. Entity Name
THOMAS J. THOMAS, P.A.

Principal Place of Business	Mailing Address
14155 US HWY ONE STE 304 JUNO BCH FL 33408 US	14155 US HWY ONE STE 304 JUNO BCH FL 33408 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3844 DOGWOOD AVE	3844 DOGWOOD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM BEACH GARDENS FL	City & State: PALM BEACH GARDENS FL
Zip: 33410 Country: USA	Zip: 33410 Country: USA

4. FEI Number 59-2298839 ☐ 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, THOMAS J. 14155 US HWY ONE STE 304 JUNO BCH FL 33408	Name: THOMAS J. THOMAS Street Address (P.O. Box Number is Not Acceptable): 3844 DOGWOOD AVE. City: PALM BEACH GARDENS FL Zip Code: 33410

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: Thomas J. Thomas 7-9-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PST THOMAS, THOMAS J. 3844 DOGWOOD AVE. PALM BEACH GDNS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, THOMAS J. 3844 DOGWOOD AVE. PALM BEACH GDNS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 J. Thomas, President THOMAS J. THOMAS, PRES. 7-9-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #