

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0117483 AV

04-09-2002 90062 012 \*\*\*150.00

**DOCUMENT # G71338**

1. Entity Name  
**THOMAS E. THOBURN P.A.**

Principal Place of Business  
**MARINERS SQUARE, SUITE 206**  
**96 WILLARD STREET**  
**COCOA FL 32922**

Mailing Address  
**3206 BUCKINGHAM LANE**  
**COCOA FL 32926-6614**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3206 Buckingham Ln</b> Suite, Apt. #, etc. <b>Cocoa Fl</b> City & State <b>32926</b> Zip <b>32926</b>		3. Mailing Address <b>3206 Buckingham Ln</b> Suite, Apt. #, etc. <b>Cocoa Fl</b> City & State <b>32926</b> Zip <b>32926</b>	
Country		Country	

4. FEI Number **59-2344191** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THOBURN, THOMAS E**  
**MARINER SQ. #206, 96 WILLARD ST.**  
**COCOA FL 32922**

**7. Name and Address of New Registered Agent**

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 *Thomas E. Thoburn*

*4/2/02*

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>THOBURN, THOMAS E</b> <b>96 WILLARD STREET #206</b> <b>COCOA FL</b> <input checked="" type="checkbox"/> Delete <i>04/02/02</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OFFICE MANAGER</b> <b>ROBERTA THOBURN</b> <b>3206 BUCKINGHAM LN</b> <b>COCOA, FL 32926</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PA</b> <b>THOBURN, THOMAS E</b> <b>3206 BUCKINGHAM LN</b> <b>COCOA, FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 E. Thoburn* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/2/02*

Date

*321-634-5080*

Daytime Phone #

CR2E034 (9/01)