

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90384 042 ***150.00

DOCUMENT # H27529

1. Entity Name
THOMAS M. SHEATS AND ASSOCIATES, INC.

Principal Place of Business

1987 NW 88TH CT.
102
MIAMI FL 33172
US

Mailing Address

1987 NW 88TH CT.
102
MIAMI FL 33172
US

2. Principal Place of Business

14501 Old Sheridan St.
Suite, Apt. #, etc.

3. Mailing Address

14501 Old Sheridan St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
S.W. Ranches, FL

Zip 33330-3523 **Country** U.S.

City & State
S.W. Ranches, FL

Zip 33330-3523 **Country** U.S.

4. FEI Number 59-2476002

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEATS, THOMAS M.
1987 NW 88 CT
#102
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14501 Old Sheridan St.
City S.W. Ranches **FL** **Zip Code** 33330-3523

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 M. Sheats*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/9/02

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	STP	<input type="checkbox"/> Delete
NAME	SHEATS, THOMAS M.	
STREET ADDRESS	14501 SHERIDAN ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEATS, DEBORAH R.	
STREET ADDRESS	14501 SHERIDAN STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14501 Old Sheridan St	
STREET ADDRESS	S.W. Ranches, FL	
CITY-ST-ZIP	33330-3523	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14501 Old Sheridan St	
STREET ADDRESS	S.W. Ranches, FL	
CITY-ST-ZIP	33330-3523	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 M. Sheats* **DATE** 4/9/02 **Daytime Phone #** 954-434-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340359 AV

CR2034 (9/01)