

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90096 050 ***158.75

DOCUMENT # H36006

1. Entity Name

REED S. THURSBY, INC.

Principal Place of Business

Mailing Address

6501 N HIMES AVE #101
SUITE 101
TAMPA FL 33614
US

PO BOX 15798
TAMPA FL 33684-5798
US

2. Principal Place of Business

4037 HENDERSON BLVD
Suite, Apt. #, etc.

3. Mailing Address

5006 W. LEONA ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FLA.

City & State

TAMPA, FLA.

4. FEI Number

59-2482332

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THURSBY, REED S.
3301 BAYSHORE BLVD #505
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name REED S. THURSBY
Street Address (P.O. Box Number is Not Acceptable)
5006 W. LEONA ST.
City TAMPA FL Zip Code 33629

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 Reed S. Thurstby Reed S. Thurstby, Pres. 1/20/2000
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, 2000 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 DP
NAME THURSBY, REED S.
STREET ADDRESS 3301 BAYSHORE BLVD #505
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE D
NAME THURSBY, SALLY B.
STREET ADDRESS 3301 BAYSHORE BLVD #505
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME REED S. THURSBY
STREET ADDRESS 5006 W. LEONA ST.
CITY-ST-ZIP TAMPA, FLA 33629 ☒ Change ☐ Add

TITLE D
NAME SALLY B. THURSBY
STREET ADDRESS 5006 W. LEONA ST.
CITY-ST-ZIP TAMPA, FLA 33629 ☒ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 Reed S. Thurstby Reed S. Thurstby, Pres 1/20/2000 813-639-054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #