2001 UNIFORM BUSINESS REPORT (UBR)

MC वर्शस्त्रिका May 11, 2001 8:00 am Secretary of State **DOCUMENT # J37461** 1. Entity Name THOMAS, PIERCE & COMPANY, INC. 05-11-2001 90309 014 ***150.00 CORPORATION 3477 Principal Place of Business Mailing Address 3512 MACLAY BLVD, S 3512 MACLAY BLVD. S TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principa! Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2749216 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, JON C. Street Address (P.O. Box Number is Not Acceptable) 3512 MACLAY BLVD, S TALLAHASSEE FL 32312 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CS TITLE ☐ Delete TITLE. ☐ Addition THOMAS, JON C NAME NAME STREET ADDRESS 3477 CEDAR LANE STREET ADDRESS C!TY-ST-7IP TALLAHASSEE FL CITY-ST-ZIE PD **⊠** Dalete TITLE TITLE Change ☐ Addition **BOLLMAN, KYLE M** NAME NAME STREET ADORESS 3839 E MILLER BRIDGE RD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-7IP DS TOMAS, PATSY D TITLE Delete TITLE Change Change ☐ Addition THOMAS, PATSY NAME NAME STREET ADORESS 3477 CEDAR LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiT1 F ☐ Delete Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TiTi F ☐ Delete TITL F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: