

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90159 034 \*\*\*150.00

**DOCUMENT # J69205**

1. Entity Name  
**IVOR THOMAS AND ASSOCIATES, INC.**



Principal Place of Business  
**1700 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406**

Mailing Address  
**1700 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406**



2. Principal Place of Business

**120 Twin Lakes Rd**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**120 Twin Lakes Rd**

City & State

**Hawthorne FL**

City & State

**Hawthorne FL**

4. FEI Number

**65-0042899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, MARCIA  
1700 SOUTHERN BLVD.  
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **Marcia Thomas**  
Street Address (P.O. Box Number is Not Acceptable)  
**120 Twin Lakes Rd**  
**Hawthorne**  
City **FL** Zip Code **32640**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marcia Thomas**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete  
NAME **THOMAS, MARCIA**  
STREET ADDRESS **1700 SOUTHERN BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **P** ☐ Delete  
NAME **THOMAS, IVOR**  
STREET ADDRESS **1700 SOUTHERN BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPS** ☒ Change ☐ Addition  
NAME **Thomas, Marcia**  
STREET ADDRESS **120 Twin Lakes Rd**  
CITY-ST-ZIP **Hawthorne, FL 32640**

TITLE **P** ☒ Change ☐ Addition  
NAME **Thomas, Ivor**  
STREET ADDRESS **120 Twin Lakes Rd**  
CITY-ST-ZIP **Hawthorne, FL 32640**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marcia Thomas** 3/23/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

352-  
481-3550