

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90471 050 ***150.00

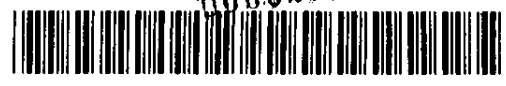
007-2595 AN

DOCUMENT # K85921
 1. Entity Name
THOMAS MORTGAGE & FINANCIAL SERVICES, INC.

Principal Place of Business % PEGGY A. THOMAS 1180 SPRING CENTRE SOUTH #223 ALTAMONTE SPRINGS FL 32714	Mailing Address % PEGGY A. THOMAS 1180 SPRING CENTRE SOUTH #223 ALTAMONTE SPRINGS FL 32714
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

80062701



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2946059	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, PEGGY A.
304 PARTRIDGE LANE
LONGWOOD FL 32779

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 *Peggy A. Thomas* **Peggy A. Thomas, President** **4/3/02**
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. **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	PST THOMAS, PEGGY A. 304 PARTRIDGE LANE LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PEGGY A. 304 PARTRIDGE LANE LONGWOOD FL	<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 V/S/D NAME STREET ADDRESS CITY-ST-ZIP	Ross G. Bennett 33403 E. Lake Joanná Dr. Eustis, FL 32736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V/D/A NAME STREET ADDRESS CITY-ST-ZIP	Michael H. Carlton 2757 Night Hawk Ct. Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V/D/A NAME STREET ADDRESS CITY-ST-ZIP	Kevin M. Goodpasture 112 Shore Dr. Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" 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: *Peggy A. Thomas* **Peggy A. Thomas, Pres.** **4/3/02** **(407)788-5100**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)