

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90105 026 \*\*\*150.00

**DOCUMENT # L16773**

1. Entity Name

**TIMOTHY NICHOLAS THOMES, P.A.**

Principal Place of Business

Mailing Address

C/O TIMOTHY NICHOLAS THOMES  
PO BOX 3318  
KEY LARGO FL 33037

C/O TIMOTHY NICHOLAS THOMES  
PO BOX 3318  
KEY LARGO FL 33037-8318

2. Principal Place of Business

3. Mailing Address

99198 OVERSEAS HWY  
Suite, Apt. #, etc.  
#8

24 DOCKSIDE LN  
Suite, Apt. #, etc.  
400

City & State  
KEY LARGO, FL

City & State  
KEY LARGO, FL

Zip  
33037

Country  
USA

Zip  
33037-5267

Country  
USA

4. FEI Number  
65-0140384

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMES, TIMOTHY NICHOLAS  
99198 OVERSEAS HIGHWAY  
SUITE 8  
KEY LARGO FL 33037

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMES, TIMOTHY NICHOLAS  
21212 SW 92ND AVE  
MIAMI FL 33189

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
24 DOCKSIDE LAKE PMB 400  
KEY LARGO, FL 33037-5267

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY W. THOMES

Date

1/5/2000 305-451-4053

Daytime Phone #

CR2E034 (9/99)