

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L38796**

1. Entity Name

**THELMA DREYER & ASSOCIATES, INC.**

000010

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**201 N. Franklin Street**

Suite, Apt. #, etc

**Suite 1775**

City & State

**Tampa, FL**

3. Mailing Address

**201 N. Franklin Street**

Suite, Apt. #, etc

**Suite 1775**

City & State

**Tampa, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2982151**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

7. Name and Address of Current Registered Agent

Name

**Thelma H. Dreyer**

Street Address (P.O. Box Number is Not Acceptable)

**201 N. Franklin Street**

**Suite 1775**

City

**Tampa**

**FL**

Zip Code  
**33602**

**DO NOT WRITE  
 IN THIS SPACE**

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 re-registering)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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	Dreyer, Thelma H. 201 N. Franklin Street, Suite 1775 Tampa, FL 33602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Thelma H. Dreyer*

**Thelma H. Dreyer**

**4/9/2002 (813) 229-1545**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #