

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38926

1. Entity Name

THOMAS & COMPANY, INC.

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90018 031 \*\*\*150.00

Principal Place of Business

852 OAK STREET  
FORT MYERS BEACH FL 33931

Mailing Address

THOMAS AND COMPANY  
P.O. BOX 2630  
FT. MYERS BEACH FL 33932-2630  
US

2. Principal Place of Business

1661 Estero Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 22

City & State

Ft. Myers Beach FL

Zip

33931

Country

Lee

City & State

Zip

6. Name and Address of Current Registered Agent

THOMAS, WALTER W.  
852 OAK STREET  
FT. MYERS BEACH FL 33931

4. FEI Number 65-0163104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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

TITLE PST  
NAME THOMAS, WALTER W.  
STREET ADDRESS 852 OAK STREET  
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

TITLE D  
NAME THOMAS, WALTER W.  
STREET ADDRESS 852 OAK STREET  
CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

Walter W. Thomas, Pres 12 April 2000

Date

Daytime Phone #

CR2E034 (9/99)

941-463-2628