

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003191

1. Entity Name
THOMAS OF VOLUSIA, L.L.C.

FILED

01 JAN 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4726 CHARDONNAY LANE
PORT ORANGE FL 32119

Mailing Address
4726 CHARDONNAY LANE
PORT ORANGE FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3580016

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MGRM GRIMES, GARY R TRUSTEE
STREET ADDRESS 104 SEA ISLAND CIRCLE
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE NAME
MGRM GRIMES, JUDITH A TRUSTEE
STREET ADDRESS 107 GREEN HERRING CT.
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

TITLE NAME
MGRM SOUTHEAST KEYBOARDS INVESTMENTS, INC.
STREET ADDRESS 4726 CHARDONNAY LANE
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700003576177-7
-01/26/01--01037--019
*****50.00 *****50.00

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/01 904-671-2945

CR2E083 (11/00)