

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90108 020 ****61.25

DOCUMENT # NO1000002850

1. Entity Name
THAMO, INC.



Principal Place of Business
**1331 HICKORY MOSS PLACE
TRINITY FL 34655**

Mailing Address
**1331 HICKORY MOSS PLACE
TRINITY FL 34655**

2. Principal Place of Business
1046 ALMONDWOOD DR.

3. Mailing Address
1046 ALMONDWOOD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TRINITY FL

City & State
TRINITY FL

4. FEI Number **59-3726209**

Applied For

Not Applicable

Zip
34655

Country
U.S.A.

Zip
34655

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**GERAMIA, BIAGIO J
1331 HICKORY MOSS PLACE
TRINITY FL 34655**

7. Name and Address of New Registered Agent

Name **WILLIAM ALENA**
Street Address (P.O. Box Number is Not Acceptable)
1046 ALMONDWOOD DRIVE
City **TRINITY** FL Zip Code **34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **WILLIAM ALENA ST** **William ALENA ST** **3/18/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME **P**
STREET ADDRESS **FILIPPONI, DOMINICK**
CITY-ST-ZIP **1211 ALANBROOKE ST
TRINITY FL 34655** ☐ Delete

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

TITLE
NAME **V**
STREET ADDRESS **DIMASSO, JONNY J**
CITY-ST-ZIP **1236 ASHBOURNE CIRCL E
TRINITY FL 34655** ☐ Delete

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

TITLE
NAME **ST**
STREET ADDRESS **GERAMIA, BIAGIO J**
CITY-ST-ZIP **1331 HICKORY MOSS PLACE
TRINITY FL 34655** ☒ Delete

TITLE
NAME **ST**
STREET ADDRESS **WILLIAM ALENA**
CITY-ST-ZIP **1046 ALMONDWOOD DR.
TRINITY FL 34655** ☒ Change ☐ Addition

TITLE
NAME **D**
STREET ADDRESS **DIMASSO, JOHNNY J**
CITY-ST-ZIP **1236 ASHBOURNE CIRCLE
TRINITY FL 34655** ☐ Delete

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

TITLE
NAME **D**
STREET ADDRESS **COMPERCHIO, MICHAEL**
CITY-ST-ZIP **1245 WINDING WILLOW DRIVE
TRINITY FL 34655** ☐ Delete

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

TITLE
NAME **D**
STREET ADDRESS **DEPLASCO, MARIO**
CITY-ST-ZIP **1232 FLORA VISTA ST
TRINITY FL 34655** ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM ALENA** **WILLIAM ALENA** **3-18-03** **727-375-7584**

CR2E037 (10/02)