

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90064 045 ***163.75

DOCUMENT # P00000008179
 1. Entity Name
THOMAS REALTY AND INVESTMENTS INC.

Principal Place of Business Mailing Address
5027 TAMiami TRAIL EAST **5027 TAMiami TRAIL EAST**
NAPLES FL 34113 **NAPLES FL 34113**

00067030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5027 TAMiami TRAIL E. **PMB 70**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 41300

City & State City & State
NAPLES FLA **NAPLES FLA**

Zip Country Zip Country
34108 **USA** **34101** **USA**

4. FEI Number Applied For
59-3623010 Not Applicable

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

6. Name and Address of Current Registered Agent
BRUZZESI, THOMAS J
1655 SUNSHINE BLVD, APT #301
NAPLES FL 34116

7. Name and Address of New Registered Agent
 Name **~~THOMAS J BRUZZESI~~**
 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 DATE **3-15-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	OWNER / BROKER THOMAS J. BRUZZESI 1655 SUNSHINE BLVD APT 301 NAPLES, FLA 34116 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **THOMAS J. BRUZZESI** Date **3-15-01** Daytime Phone # **(941) 530-3320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)