

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008179

1. Entity Name  
THOMAS REALTY AND INVESTMENTS INC.

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

03-20-2001 90064 045 \*\*\*163.75

00047030



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 5027 TAMiami TRAIL E.	3. Mailing Address PMB 70
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	P.O. Box 413005

City & State NAPLES FLA	City & State NAPLES FLA	4. FEI Number 59-3623010	Applied For Not Applicable
Zip 34108	Country USA	Zip 34101	Country USA

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

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

7. Name and Address of New Registered Agent	
Name <del>THOMAS J BRUZZESI</del>	
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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE OWNER / BROKER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS J. BRUZZESI		NAME	
STREET ADDRESS 1655 SUNSHINE BLVD APT 301		STREET ADDRESS	
CITY-ST-ZIP NAPLES, FLA 34116		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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
----------------	--------------------	-----------------	-----------------------------------

CR2E034 (10/00)