

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040773

1. Entity Name

THOMAS YACHTING SERVICES OF THE PALM BEACHES, IN

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90220 021 ***150.00

Principal Place of Business

4411 MAINE ST.
LAKE WORTH FL 33461

Mailing Address

4411 MAINE ST.
LAKE WORTH FL 33461

00010981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3349 Perimeter DR

3. Mailing Address

3349 Perimeter DR

Suite, Apt. #, etc.

1313

Suite, Apt. #, etc.

1313

City & State

Lake Worth, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-1002555

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LINDA C
4411 MAINE ST.
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

Name

Linda C. Thomas

Street Address (P.O. Box Number is Not Acceptable)

3349 Perimeter DR

City

LAKE WORTH

FL

Zip Code

33467

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

Linda C. Thomas

(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, 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	PD	<input type="checkbox"/> Delete
NAME	THOMAS, C.L. JR.	
STREET ADDRESS	4411 MAINE ST.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMAS, LINDA C	
STREET ADDRESS	4411 MAINE ST.	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Linda C. Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/01

Daytime Phone #

CR2E034 (10/00)