

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113561

1. Entity Name

M. THOMAS CONSTRUCTION, INC.

Principal Place of Business

85 STINNETT RD.
PANAMA CITY BEACH FL 32413

Mailing Address

85 STINNETT RD.
PANAMA CITY BEACH FL 32413

2. Principal Place of Business

85 STINNETT Rd

Suite, Apt. #, etc.

3. Mailing Address

85 STINNETT Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Panama City Beach, FL

City & State
Panama City Beach, FL

4. FEI Number

59-3688338

Applied For

Not Applicable

Zip
32413

Country
Walton

Zip
32413

Country
Walton

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, DONNA L
85 STINNETT RD.
PANAMA CITY BEACH FL 32413

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMAS, MARION E
85 STINNETT RD.
PANAMA CITY BEACH FL 32413 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
THOMAS, DONNA L
85 STINNETT RD.
PANAMA CITY BEACH FL 32413 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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: Donna L Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-01-850-2310730
Date Daytime Phone #

CR2E034 (10/00)