

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90196 016 \*\*\*150.00

**DOCUMENT # P01000001893**

1. Entity Name  
**THOMAS FURNITURE, INC.**

Principal Place of Business  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

Mailing Address  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

2. Principal Place of Business  
**7634 37th St Cir E**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAINT**  
 Suite, Apt. #, etc.

City & State  
**SARASOTA FL.**

City & State

Zip  
**34243** Country  
**MANATEE**

Zip  
 Country  
**USA**

4. FEI Number  
**65-1066573**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PREWITT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

7. Name and Address of New Registered Agent

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

SIGNATURE *Thomas Prewitt*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/22/02**  
 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b> <b>TERRELL, THOMAS G</b> <b>3569 HUNTINGTON PLACE</b> <b>SARASOTA FL 34237</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TERRELL, THOMAS G</b> <b>7634 37th St Cir E.</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SARASOTA FL. 34243</b> <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
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

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 an officer like empowered.

SIGNATURE: *Thomas Prewitt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/22/02**  
 Date

**941-351-7978**  
 Daytime Phone #

CR2E034 (4/02)

THOMAS G. TERRELL, JR.  
MFG. REP.  
7634 37TH STREET CIRCLE EAST  
SARASOTA, FLORIDA 34243  
PHONE/FAX (941) 351-7978

Attachment  
D# PD100001893  
675685

TO WHOM IT CONCERNS,

I NEVER RECEIVED YOUR ORIGINAL RENEWAL NOTICE FOR PAYMENT DUE ON  
MAY 1ST 2002.

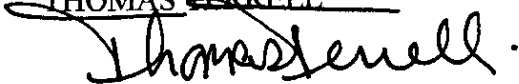
I HAD AN ADDRESS CHANGE EFFECTIVE IN APRIL 2001.

THE NEW ADDRESS IS ABOVE.

PLEASE ACCEPT A PAYMENT OF \$150.00 AND ABATE THE PENALTY.

THANK-YOU.

THOMAS TERRELL



cc: file J.H.ACCOUNTING SERVICES, INC.