

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90004 037 ***150.00

0180382 AV

DOCUMENT # P01000054776

1. Entity Name

THOMAS TRUCKING OF SO. FLORIDA, INC.

Principal Place of Business

8781 WILES RD., BLDG. 12, UNIT 208
 CORAL SPRINGS FL 33067

Mailing Address

8781 WILES RD., BLDG. 12, UNIT 208
 CORAL SPRINGS FL 33067

2. Principal Place of Business

8901 WILES RD

3. Mailing Address

8901 WILES RD

Suite, Apt. #, etc.

6-108

Suite, Apt. #, etc.

6-108

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

Bloward

Zip

33067

Country

Bloward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1114542

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THOMAS, CAMERON

8781 WILES RD., BLDG. 12, UNIT 208

CORAL SPRINGS FL 33067

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.

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, 2002 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 ☐ Delete
 NAME THOMAS, CAMERON
 STREET ADDRESS 8781 WILES RD., BLDG. 12, UNIT 208
 CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 Cameron
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

Date

954-295-3367

Daytime Phone #

CR2E034 (9/01)