

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90168 021 \*\*\*150.00

DOCUMENT # P01000064157

1. Entity Name  
THOMAS WOMACK UNDERGROUND, INC.



Principal Place of Business  
10109 TIKIMBER LANE  
ORLANDO FL 32825

Mailing Address  
10109 TIKIMBER LANE  
ORLANDO FL 32825

2. Principal Place of Business

4206 Ireyglen Ave  
Suite, Apt. #, etc.

3. Mailing Address

4206 Ireyglen Ave.  
Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip Country  
32826 Orange

Zip Country  
32826 Orange

4. FEI Number 59-3727779

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

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

4206 Ireyglen Ave.

City Orlando

FL

Zip Code 32826

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 A. Womack

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/17/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | DP                  | <input type="checkbox"/> Delete |
| NAME           | WOMACK, THOMAS      |                                 |
| STREET ADDRESS | 10109 TIKIMBER LANE |                                 |
| CITY-ST-ZIP    | ORLANDO-FL 32825    |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                   |  |
|----------------|-------------------|--|
| TITLE          |                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                   |  |
| STREET ADDRESS | 4206 Ireyglen Ave |  |
| CITY-ST-ZIP    | Orlando, FL 32826 |  |
| 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            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |
| TITLE          |                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                   |  |
| STREET ADDRESS |                   |  |
| CITY-ST-ZIP    |                   |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas A. Womack  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03

Date

407-380-2128

Daytime Phone #

CR2E034 (10/02)