

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT 21 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000068623**

1. Entity Name

THOMAS STALLINGS, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
THOMAS STALLINGS, INC

3. Mailing Address
11545 NORMANDY BLVD

Suite, Apt. #, etc.
11545 NORMANDY BLVD

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FLORIDA

City & State
JACKSONVILLE, FL

Zip
32221

Country
US

Zip
32221

Country
US

4. FEI Number
59-3730995

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **THOMAS STALLINGS**

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

11545 NORMANDY BLVD

City **JACKSONVILLE**

FL

Zip Code
32221

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME **THOMAS STALLINGS**
STREET ADDRESS
CITY - ST - ZIP **11545 NORMANDY BLVD
JACKSONVILLE, FLORIDA 32221**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**300023964863
10/21/03--01037--025 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-03 904-6952882
Date Daytime Phone #

CR2E034B (12/02)

**TRIM BOOKKEEPING & TAX SERVICE INC.
6683 CRILL AVENUE
PALATKA, FLORIDA 32177
386 328-4164
386 325-0804 FAX**

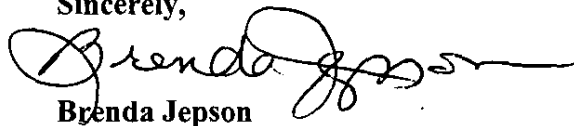
October 17, 2003

**Re: Thomas Stallings Inc.
FEI: 59-3730995**

To Whom It May Concern:

Please find a copy of the UBR report for the above named client. I am requesting that the last filing fees be waived. They did not receive the UBR report for 2002 because they moved several times last year. They were unaware that nothing had been filed until I checked the Sunbiz.org website. I have corrected the address for the corporation and the registered agent on the UBR. My client is a small business and therefore cannot afford to pay the late filing fee. The address on the UBR is a permanent address. Thank you for your help in resolving this problem. My client and I appreciate certainly it.

Sincerely,


Brenda Jepson

Cc:file