

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90101 002 \*\*\*550.00

**DOCUMENT # P01000070060**

1. Entity Name  
**C.A. THOMAS ENTERPRISES INC.**

Principal Place of Business

**1730 JOHN ARTHUR WAY  
 LAKELAND FL 33803**

Mailing Address

**1730 JOHN ARTHUR WAY  
 LAKELAND FL 33803**

2. Principal Place of Business

**1104 DAVE TUTTLE DR.**  
 Suite, Apt. #, etc.

3. Mailing Address

**PO BOX 403**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**BRANDON, FL 33511**

Zip  
**33511**

Country  
**U.S.A.**

City & State  
**BRANDON, FLORIDA**

Zip  
**33509**

Country  
**U.S.A.**

4. FEI Number  
**59-3730123**

Applied For  
 Not Applicable

5. Certificate of Status Desired **10** ~~38.75~~ Additional  
 See Required

6. Name and Address of Current Registered Agent

**THOMAS, COLOVITO A  
 1730 JOHN ARTHUR WAY  
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name **COLOVITO A. THOMAS**

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

**1104 DAVE TUTTLE DR.**

City **BRANDON**

FL

Zip Code **33511**

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

**Colovito Thomas / President / CEO**

**9-11-02**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO THOMAS, COLOVITO A 1730 JOHN ARTHUR WAY LAKELAND FL 33803</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / CEO COLOVITO THOMAS 1104 DAVE TUTTLE DRIVE BRANDON, FL 33511</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
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
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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 all other like empowered.

SIGNATURE:

**Colovito Thomas**

**9-11-02**

**(813) 653-0141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)