

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90146 001 ***150.00
05-14-2002 90146 002 *****8.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080831

1. Entity Name

THOMAS CUSTOM PAINTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10129 LAKEVIEW RD W

Suite, Apt. #, etc.
4.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE - FL

City & State

4. FEI Number

59-3741397

Applied For

Not Applicable

Zip

32225

Country

USA

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PETER THOMAS

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

10129 LAKEVIEW RD W

City

JACKSONVILLE

FL

Zip Code

32225

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P
PETER THOMAS
10129 LAKEVIEW RD W
JACKSONVILLE FL 32225

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
RUSSEL HUSPLESTON
8321 Galveston Ave
Jacksonville-FL-32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
Sherry Davila
8321 Galveston Ave
Jacksonville FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pete Thomas

Date

Daytime Phone #

4-25-02 904-910-7862

CR2E034B (12/01)