

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91788 003 ***150.00

03945/8
 AV

DOCUMENT # P01000081288

1. Entity Name

THOMAS OPTIQUE, INC.

Principal Place of Business

**6319 GRAND CYPRESS CIRCLE
 LAKE WORTH FL 33467**

Mailing Address

**6319 GRAND CYPRESS CIRCLE
 LAKE WORTH FL 33467**

2. Principal Place of Business

6626 Hypoluxo road

3. Mailing Address

6626 Hypoluxo road

Suite, Apt. #, etc.

A-4

Suite, Apt. #, etc.

A-4

City & State

LAKE WORTH

City & State

LAKE WORTH FL

Zip

FL

Country

US

Zip

33467

Country

US

4. FEI Number

65-1142687

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCHWENCKE, KERRY R
 1209 NORTH OLIVE AVE
 WEST PALM BEACH FL 33401**

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 **President** ☐ Delete
 NAME **DAVID M THOMAS**
 STREET ADDRESS **6319 Grand Cypress circle**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **Vicepresident** ☐ Delete
 NAME **CYNTHIA THOMAS**
 STREET ADDRESS **6319 Grand Cypress Circle**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **Treasurer** ☐ Delete
 NAME **MAVC Flesher**
 STREET ADDRESS **551 Kingsbury Terrace**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

501 966 3808

Daytime Phone #

CR2E034 (9/01)