## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

D0100007149/



**FILED** Jul 31, 2003 8:00 am Secretary of State

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1. Entity Name  JUDITH A THOMAS, PA						07-31-2003 90				
Principal Place of Business Mailing Address 434 IMPERIAL DRIVE P.O BOX 1368 LARGO FL 33771 LARGO FL 33779							<b>9</b> ) () <b>9 (</b> ) () <b>9</b> 6 () ( <b>9 (</b> ) () <b>9</b>			
2. Principal Place of Business 3. Mailing Address				-	1884 115 BOLDE 16015 BOLSE A	ESTA BETAL BA	ika (bili iace) k			
Suite, Apt. #, etc. St		Suite, Apt	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & Sta	City & State		4. FEI Numi	4. FEI Number 59-375 1302			Applied For Not Applicable	
Zip	Country Zip			Country				<b>\$8.75</b> A Fee Requ		
- <del></del>	6. Name and Address of Curre	ent Registered Ag	ent		7. Name an	d Address of New	Registere	d Agent		
				Name						
THOMAS, JUDITH A 434 IMPERIAL DRIVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
LARGO FL 33771										
				City				Zip C		
8. The above the obligat	named entity submits this statemer ions of registered agent.	it for the purpose o	f changing its reg	gistered office or registe	ered agent, or b	oth, in the State of Fi	orida. La	m familiar wil	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Re	ngistered Agent signature require	ed when reinstating)	<del></del> _	DATI	 E	·	
FILE NOW!!! FEE IS \$550.00  After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State				·	1	lection Campaign F rust Fund Contribution	-		.00 May Be led to Fees	
10,	OFFICERS A	ND DIRECTORS		11.	ADDITIONS	/CHANGES TO OF	ICERS A	ND DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JUDITH A 434 IMPERIAL DRIVE LARGO FL 33771	(	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	e Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		(	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□] Chang	e 🗀 Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied v		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Changi		

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:

with a Thomas SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

July 29, 2003

4P01000097148

Florida Dept. of State To Whom It May Concern:

This corporation did not receive any filing notice prior to the very recent delivery of this notice to me. This corporation has always responded to Florida State requests by filing and paying it's Uniform Business Report on time.

Following your procedure on the notice; 'Frequently Asked Questions', a copy of which is attached, the original \$150 filing fee is enclosed plus \$8.75 for a certificate of status. (\$158.75 total is enclosed.)

Sincerely,

President

Judith A. Thomas, P.A.

Julith a. Thomas, P.A.

FEI 59-3751302

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