

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90540 015 ***150.00

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DOCUMENT # P02000028097

1. Entity Name
THOMASSON DOMESTIC SALES, INC.



Principal Place of Business
**6500 SUNSET WAY
UNIT 214A
ST PETE BEACH FL 33706**

Mailing Address
**6500 SUNSET WAY
UNIT 214A
ST PETE BEACH FL 33706**



2. Principal Place of Business
509 55th AVE
Suite, Apt. #, etc.

3. Mailing Address
509 55th AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
St. Pete Bch, FL
Zip
33706
Country
FLORIDA

City & State
St. Pete Bch, FL
Zip
33706
Country
PINELLAS

4. FEI Number
04-3626736
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
William H. Krudel & Assoc.
Street Address (P.O. Box Number is Not Acceptable)
4437 Central Ave.
City
St. Petersburg **FL** Zip Code
33173

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 *William H. Krudel*

4/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
THOMASSON, DONALD
6500 SUNSET WAY UNIT 214A
ST PETE BEACH FL 33706** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**509 55th AVE
St. Pete Bch, FL 33706** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Thomason
SIGNATURE REQUIRED

4-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)