

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

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90009 007 ***150.00

DOCUMENT# **P03000055499**

1. Entity Name
The Thomas Family Corporation



DO NOT WRITE IN THIS SPACE

44010794

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 NE 339 Ave		3. Mailing Address P.O. Box 1475	
Suite, Apt. #, etc. SUWANNEE Circle		Suite, Apt. #, etc.	
City & State Old Town, FL.		City & State Old Town, FL.	
Zip 32680	Country U.S.A.	Zip 32680	Country U.S.A.

4. FEI Number 35-2205445	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name LORENE J. THOMAS	
Street Address (P.O. Box Number is Not Acceptable) 720 NE 339 Ave SUWANNEE Circle	
City Old Town	FL Zip Code 32680

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.

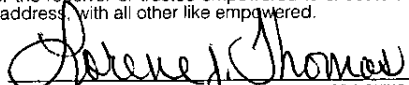
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY, TREASURER LORENE J. THOMAS 720 NE 339 Ave SUWANNEE Circle Old Town, FL. 32680	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MICHAEL A. THOMAS 572 NE 339 Ave Old Town, FL. 32680	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORENE J. THOMAS, PRESIDENT

2/9/04 **352-542-8725**
Date Daytime Phone #

CR2E034B (12/02)