

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000012605

1. Entity Name
D.C. THOMAS INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90009 049 ***150.00

Principal Place of Business
409 PALM AVE
ORMOND BEACH FL 32174

Mailing Address
409 PALM AVE
ORMOND BEACH FL 32174

2. Principal Place of Business
37 Walnut Lane
Suite, Apt. #, etc.

3. Mailing Address
37 Walnut Lane
Suite, Apt. #, etc.

City & State
Ormond Beach FL
Zip 32174 Country Volusia

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Ormond Beach FL
Zip 32174 Country Volusia

4. FEI Number 59-3155318

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

THOMAS, DAVID C
409 PALM AVE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
37 Walnut Lane
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 _____ (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, 2001 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 PD
NAME THOMAS, DAVID C
STREET ADDRESS 409 PALM AVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE VPS
NAME THOMAS, MARLENE P
STREET ADDRESS 409 PALM AVE
CITY-ST-ZIP ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 37 Walnut Lane
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 37 Walnut Lane
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: Marlene P. Thomas VP Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00 386/672-2356
Date Daytime Phone #

CR2E034 (10/00)