

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000047558

1. Entity Name

THOMLEY ENTERPRISES, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90090 028 ***158.75

Principal Place of Business

Mailing Address

4605 N. PALOFOX ST.
PENSACOLA FL 32516
US

POST OFFICE BOX 36124
PENSACOLA FL 32516-6124

2. Principal Place of Business

4605 N. Palofox St.

3. Mailing Address

P.O. Box 36124

..Suite, Apt. #, etc.,

..Suite, Apt. #, etc.,



DO NOT WRITE IN THIS SPACE

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

62-1546376

Applied For

Not Applicable

Zip

32516

Country

U.S.A.

Zip

32516

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMLEY, CHARLES W SR.
4953 MARTHA AVE
PENSACOLA FL 32516

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMLEY, SR., CHARLES W	
STREET ADDRESS	6510 WEST JACKSON ST.	
CITY-ST-ZIP	PENSACOLA FL 32516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMLEY, ANNETTE R	
STREET ADDRESS	6510 WEST JACKSON ST.	
CITY-ST-ZIP	PENSACOLA FL 32516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Charles W. Thomley Sr. Charles W. Thomley Sr. 4-24-2000 850-457-4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)