

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

DOCUMENT # P93000049795

1. Entity Name

Thomas M. Inc.



FILED

03 OCT -6 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023549938
10/03/03--01080--020 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4700 Sheridan St.

Suite, Apt. #, etc.

Ste. 5

3. Mailing Address

4700 Sheridan St.

Suite, Apt. #, etc.

Ste. 5

City & State

Hollywood, FL

Zip

33021

Country

USA

City & State

Hollywood, FL

Zip

33021

Country

USA

4. FEI Number

65-0419987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Thomas Mears

Street Address (P.O. Box Number is Not Acceptable)

110 St. Cloud Lane

City

Boca Raton

FL

Zip Code

33431

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 Thomas Mears V-president

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/29/03

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 D.P.S.
NAME Mears, Carol B.
STREET ADDRESS 110 St. Cloud Lane
CITY-ST-ZIP Boca Raton, FL 33431

TITLE V
NAME Thomas W. Mears
STREET ADDRESS 110 St. Cloud Lane
CITY-ST-ZIP Boca Raton, FL 33431

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IN THIS SPACE**

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: Carol B. Mears Carol B. Mears 9/30/03 954 967 0369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)