

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018538

1. Entity Name

THOMAS BROTHERS AUTO BODY, INC.

Principal Place of Business

Mailing Address

701 AVE M
FORT PIERCE FL 34950-7613

701 AVE M
FORT PIERCE FL 34950-7613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0551909

Applied For

Not Applicable

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

THOMAS, PAUL
701 AVE M
FORT PIERCE FL 34950-7613

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME THOMAS, PAUL
STREET ADDRESS 208 N 29TH ST
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ Delete

TITLE T
NAME THOMAS, SHARLEEN
STREET ADDRESS 208 N 29TH ST
CITY-ST-ZIP FORT PIERCE FL 34947 ☐ 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

TITLE OWNER
NAME THOMAS FRED
STREET ADDRESS 2281 SW LAWRENCE ST
CITY-ST-ZIP PORT ST LUCIE 34953 ☐ Change ☒ Addition

TITLE CO. OWNER
NAME THOMAS NORMA CO. OWNER
STREET ADDRESS 2281 SW LAWRENCE ST
CITY-ST-ZIP PORT ST LUCIE 34953 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

1-561-464-3195

Daytime Phone #

47

FILED
May 19, 2001 8:00 am
Secretary of State

04-25-2001 90003 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)