## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## P94000046872 **DOCUMENT #**

1. Entity Name

THOMAS WANDERON & ASSOCIATES TAX ACCOUNTING, IN



**FILED** Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90161 040 \*\*\*150.00

Principal Place 868 106TH AV NAPLES FL 34 US	E. N.	3	Mailing Address 868 106TH AVE. N. NAPLES FL 34108 US											
2. Principal Place of Business				3. Mailing Address					H 1866 O196 88	) <b>Bu</b> lli <b>Bb</b> iil <b>B</b> 1	F03   D F03   B    01   01	1811 18	818 JIBI 1881	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City	& State				El Number	65-04994	93		_	olied For Applicable	7
Zip	Zip Country				Count	try	5. (	Certificate of	Status Desire	ed 🗆	\$8.75	Addi	tional	1
6. Name and Address of Current Registered Agent							7. N	lame and A	ddress of Ne	w Register				_
THOMAS WANDERON						Name Street Ac	dress (P.O. B	ox Number i	s Not Accepta	able)				-
868 106TH AVENUE NORTH NAPLES FL 34108						:		. <u>-</u> .			<del></del>			┨
TAN LEG T	L 04100					City			<del></del>	F	Zip	Code		+
	named entity ions of registe	submits this statement for	or the purp	oose of changing its	registere	ed office or	registered ag	ent, or both,	in the State o	f Florida. Ta	am familiar v	with, a	ind accept	1
SIGNATURE .	Signature, typed	or printed name of registered agen	and title if app	Dicable. (NOTE	: Registered	1 Agent signatu	e required when re	instating)		DA	E			
After	May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.00 Florida Department of	of State					1	ion Campaigr Fund Contrib	•			May Be to Fees	-
10.		OFFICERS AND		l DRS	11.		AD	L DITIONS/C	HANGES TO	OFFICERS A	AND DIREC	TORS	IN 11	+
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12. I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with am antiress, with all other like empowered.

**SIGNATURE:** 

SIGNATURE REQUIRED