

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90001 006 ***150.00

0142880 SP

DOCUMENT # P94000055540

1. Entity Name
D.R. THOMAS & ASSOCIATES, INC.

Principal Place of Business
1007 FEDERAL HWY #309
FT LAUDERDALE FL 33304

Mailing Address
1007 FEDERAL HWY #309
FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0511055**

Applied For
 Not Applicable

Zip Country

Zip Country

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, DONALD R
1505 NE 26TH ST #8 N.E. 14TH AVE #1
FT LAUDERDALE FL 33305 POMPANO BEACH, FL 33305

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 **DONALD R. THOMAS**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **THOMAS, DONALD R**
STREET ADDRESS **1505 NE 26TH ST #8 N.E. 14TH AVE #1**
CITY-ST-ZIP **FT LAUDERDALE FL 33305 POMPANO BEACH, FL 33305**

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

TITLE ☐ Delete
NAME
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/01

954 609 5923

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P94 000055540

A0083146

August 21, 2001

D. R. Thomas & Assoc. Inc.
1007 N. Federal Hwy.
Suite 309
Ft. Lauderdale, FL 33304

Dept. of State

Re: 2001 Annual Report
P 94000055540
Fed ID # 65-0511066

Dear Sir or Madam:

Enclosed is \$ 150.00 for renewing our Corporation.

We never received the renewal in the mail. Please correct
your records. Our address is noted above and corrected on the
annual report.

When calling your office the woman told us if we did not
received the annual report we would be able to pay only \$150.00.

Thank you.

Don Thomas

Very truly yours,

D R Thomas & Associates, Inc.

Don Thomas, President.