

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

2004

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90209 003 ***150.00

DOCUMENT # P094000055540
1. Entity Name D R THOMAS & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

24074988

2. Principal Place of Business 6900-29 DANIELS PKWAY.
3. Mailing Address
Suite, Apt. #, etc. SUITE 134
City & State FT. MYERS, FL
Zip 33912 Country LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0511055
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DONALD R. THOMAS
Street Address (P.O. Box Number is Not Acceptable) 10423 CURRY PALM LANE
City FT. MYERS **FL** **Zip** 33912

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  5/4/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DONALD T THOMAS

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

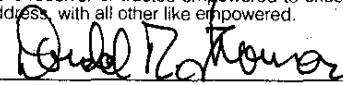
January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR DONALD R. THOMAS 10423 CURRY PALM LANE FT. MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD R. THOMAS

5/4/04

954-609-5923

Date

Daytime Phone #

CR2E034B (12/01)