

2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90401 047 ***150.00

DOCUMENT #	P094000055540
Entity Name	D R Thomas & Associates, Inc.

DO NOT WRITE IN THIS SPACE

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Principal Place of Business 6900-29 Daniels Pkway.		3. Mailing Address	
Suite, Apt. #, etc. Suite 134		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33912	Country Lee	Zip	Country
4. FEI Number 65-0511055		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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7. Name and Address of Current Registered Agent	
Name	Donl Donald R. Thomas
Street Address (P.O. Box Number is Not Applicable) 10423 Curry Palm Lane	
City	Ft. Myers FL Zip Code 33912

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 DATE 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS			
LE ME REET ADDRESS Y - 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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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: Donald R. Thomas Pres. Donald R. Thomas 954-609-5923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)