

2008

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

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90011 042 ***150.00

DOCUMENT # P94000055540

Entity Name

D R THOMAS & ASSOCIATES, INC.



40101259

DO NOT WRITE IN THIS SPACE

Principal Place of Business 10423 CURRY PALM LANE

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

State FT MYERS FL

City & State

4. FEI Number 65-0511055

Applied For
Not Applicable

33912

County LEE

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredDO 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 Code

33912

I, the above named entity, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept obligations of registered agent.

DONALD R THOMAS

Signature

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/08

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$350.00

Retained UBR is \$61.25

Check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May be
Added to Fees

OFFICERS AND DIRECTORS

ADDRESS
ZIP
PRES. / DIRECTOR
DONALD R THOMAS
10423 CURRY PALM LANE
FT. MYERS, FL 33912

ADDRESS
ZIPADDRESS
ZIPADDRESS
ZIPADDRESS
ZIPADDRESS
ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DO NOT WRITE
IN THIS SPACE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information stated 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 10 or on an attachment with an address with all other the empowered.

DONALD R THOMAS, PRES. 954-609-5923

SIGNATURE:

5/2/08