

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039379

1. Entity Name

THOMAS INDUSTRIES, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90134 004 \*\*\*150.00

Principal Place of Business

5415 LAKE HOWELL ROAD  
SUITE 105  
WINTER PARK FL 32792

Mailing Address

5415 LAKE HOWELL ROAD  
SUITE 105  
WINTER PARK FL 32792-1088

2. Principal Place of Business

411 Friar Road

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4666

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Park FL

City & State

Winter Park, FL

4. FEI Number

59-3314055

Applied For

Not Applicable

Zip

32792

Country

Orange

Zip

32793-4666

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, MICHAEL L SR  
5415 LAKE HOWELL ROAD  
SUITE 105  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

Thomas, Michael L. Sr.

Street Address (P.O. Box Number is Not Acceptable)

411 Friar Road

City

Winter Park

FL

Zip Code

32792

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

Michael L. Thomas Sr.

Michael L. Thomas Sr.

1-27-00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	PVTS	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL L SR	
STREET ADDRESS	5415 LAKE HOWELL ROAD STE 105	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	DLM	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL L SR	
STREET ADDRESS	5415 LAKE HOWELL ROAD STE 105	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	411 Friar Road	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	411 Friar Road	
CITY-ST-ZIP	Winter Park FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael L. Thomas Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00 (407) 657-4418

Date

Daytime Phone #

CR2E034 (9/99)