

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90262 048 ***150.00

DOCUMENT # P95000061687

1. Entity Name
TIMOTHY N. THOMAS PIPING & MAINTENANCE, INC.

Principal Place of Business
3016 SNELL ST
JACKSONVILLE FL 32218

Mailing Address
3016 SNELL ST
JACKSONVILLE FL 32218



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 **59-3329589**

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, TIMOTHY N
3016 SNELL ST
JACKSONVILLE FL 32218

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P THOMAS, TIMOTHY N
3016 SNELL ST
JACKSONVILLE FL 32218 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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

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:

Handwritten Signature POA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-01

904 765-2547

Date

Daytime Phone #

CR2E034 (5/01)

Attachment # P95000061687

C6073753

Thomas Piping & Maintenance

July 10, 2001

3016 Snell St.

Jax. Fl. 32218

904-765-2547

Division Of Corporation

P.O.Box 1500

Tallahassee Fl. 32302-1500

Dear sir,

I am writing this letter to inform you that we never received any form on a 2001 uniform business report. I was informed from my accountant that we are to let you know about this matter. I am sending a check for the amount of 150.00 on document number P95000061687. Please put this towards the amount we owed and let us know if there is any amount due.

Sincerely,

Karen J. Thomas
Power of Attorney