

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90351 003 ***158.75

DOCUMENT # P95000076611

1. Entity Name
LP THOMAS, INC.

Principal Place of Business
2788 SOUTH MILITARY TRAIL
W PALM BEACH FL 33415

Mailing Address
2788 SOUTH MILITARY TRAIL
W PALM BEACH FL 33415

2. Principal Place of Business
1802 North R St.
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 19299
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH FL
Zip **33460**
Country **Palm Beach**

City & State
West Palm Beach FL
Zip **33416-999**
Country **Palm Beach**

4. FEI Number **65-0611334**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMAS, LOUIS P
2788 SOUTH MILITARY TRAIL
W PALM BEACH FL

7. Name and Address of New Registered Agent

Name
Same - Louis P THOMAS

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

1802 North R St.

City **LAKE WORTH** **FL** **Zip Code** **33460**

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 **LOUIS P. THOMAS**

Louis P. Thomas

4-9-02

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, 2002 Fee will be \$550.00
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 **D** ☐ **Delete**
NAME **THOMAS, LOUIS P.**
STREET ADDRESS **2788 S. MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **EVP** ☐ **Delete**
NAME **THOMAS, MARILYN E**
STREET ADDRESS **2788 S MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ **Change** ☐ **Addition**
TITLE
NAME **1802 North R St.**
STREET ADDRESS **LAKE WORTH FL 33460**
CITY-ST-ZIP

☒ **Change** ☐ **Addition**
TITLE
NAME **1802 North R. St.**
STREET ADDRESS **LAKE WORTH FL 33460**
CITY-ST-ZIP

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

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

☐ **Change** ☐ **Addition**
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NAME
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CITY-ST-ZIP

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

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: *Louis P. Thomas* **LOUIS P. THOMAS**

4-9-02 **561-588-6327**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)