

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90136 038 \*\*\*150.00

**DOCUMENT # P95000092497**

1. Entity Name

R. & C. THOMAS ENTERPRISES, INC.



Principal Place of Business

17 PILGRIM DRIVE  
PALM COAST FL 32164

Mailing Address

17 PILGRIM DRIVE  
PALM COAST FL 32164

2. Principal Place of Business

31 Princess Kathleen Lane  
Suite, Apt. #, etc.

3. Mailing Address

31 Princess Kathleen Lane  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
Palm Coast, Florida

City & State  
Palm Coast, Florida

4. FEI Number  
59-3349753

Applied For  
Not Applicable

Zip  
32164

Country  
U.S.A.

Zip  
32164

Country  
U.S.A.

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

6. Name and Address of Current Registered Agent

THOMAS, CAROL  
17 PILGRIM DRIVE  
PALM COAST FL 32164

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
THOMAS, RODNEY K  
17 PILGRIM DRIVE  
PALM COAST FL 32164 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
THOMAS, CAROL  
17 PILGRIM DRIVE  
PALM COAST FL 32164 ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 386 445-5447  
386 445-5589  
Daytime Phone #

CR2E034 (10/02)