2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P96000015718

1. Entity Name

C-THOM, INC.



FILED Mar 06, 2003 8:00 am & Secretary of State

03-06-2003 90122 046 ***150.00

Principal Place of Business 1116 - 7TH PLACE VERO BEACH FL 32962		Mailing Address 1116 - 7TH PLACE VERO BEACH FL 329	62			
2. Principal	Place of Business	3. Mailing Address			 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF	☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 65-0657656	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Reg		
TUONAG	OUDIOTORIUM D		Name			
. '	, CHRISTOPHER D		Street Addr	ess (P.O. Box Number is Not Acceptable)		
	TH PLACE ACH FL 32962				•	
,	AOITTE UZOUZ		City			
		7148444	City		Zip Code	
8. The above the obliga	e named entity submits this statement itions of registered agent.	t for the purpose of changing	g its registered office or reg	sistered agent, or both, in the State of Florid	da. I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered Agent signature re	quired when reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Finar Trust Fund Contribution.	standard specific spe	
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THOMAS, CHRISTOPHER D 1116 - 7TH PLACE VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST THOMAS, CLAUDIA E 1116 - 7TH PLACE VERO BEACH FL 32962	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRUGER, JESSICA C. 1116 7TH PLACE VERO BEACH FL 32962	☐ Delete	NAME STREET ADDRESS	V ruger, Jessica. C. 176 7 t DC. 100 BEACH, FL 32962.	☐ Change ☐ Addition	
-TITLE		Delete-	=71TLE			
NAME Street address City-St-Zip		,	NAME STREET ADDRESS CITY-ST-ZIP			
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	on this report of supplemental report	ith this filling does not qualify	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP of for the exemption stated if at my signature shall have	n Section 119.07(3)(i), Florida Statutes. I fu the same legal effect as if made under oatl 607, Florida Statutes; and that my name a	urther certify that the inform	

SIGNATURE