

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000044368**

1. Entity Name
THOMAS BROTHERS INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90055 012 ***550.00

Principal Place of Business

**1502-53RD ST
UNIT F
MANGONIA PARK FL 33407
US**

Mailing Address

**1502-53RD ST
UNIT F
MANGONIA PARK FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0668932

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RAWE, LISA M
17976 APRIL LANE
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name **Cecil D. Thomas**

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

2219 Bonnie Dr.

City **W.P.B.**

FL

Zip Code **33415**

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

Cecil D. Thomas

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 13, 2000 Min. 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

TITLE **PD** ☐ Delete
NAME **THOMAS, DUANE C**
STREET ADDRESS **102 WATERVIEW**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **VP** ☐ Delete
NAME **THOMAS, CECIL D**
STREET ADDRESS **2219 BONNIE DRIVE**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **S** ☒ Delete
NAME **RAWE, LISA M**
STREET ADDRESS **17976 APRIL LANE**
CITY-ST-ZIP **JUPITER FL 33458**

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

TITLE **S** ☐ Change ☒ Addition
NAME **STRANDELL, BRANDON**
STREET ADDRESS **102 WATERVIEW**
CITY-ST-ZIP **Palm Springs, FL 33461**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-9-00 (561) 848-2226

Date

Daytime Phone #

CR2E034 (5/00)