

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010796

1. Entity Name

M.E. THOMAS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90407 038 ***150.00

Principal Place of Business
2788 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-9223

Mailing Address
2788 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-9223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0744382

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

PAXMAN, JOHN T.
THE LAW OFFICES OF JOHN T. PAXMAN, P.A.
1601 FORUM PLACE, SUITE 801
WEST PALM BEACH FL 33401

Name

THOMAS, MARILYN E.

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

2788 S. MILITARY TRAIL

City West Palm Beach 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

Marilyn E. Thomas

MARILYN E. THOMAS, PRES.

4-21-00

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, 2000 Fee will be \$550.00
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 ☐ Delete
NAME D
STREET ADDRESS THOMAS, MARILYN E
CITY-ST-ZIP 2788 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415-9223

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Marilyn E. Thomas MARILYN E THOMAS

4-21-00

561-967-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #