

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90182 031 ***158.75

DOCUMENT # P97000010796

1. Entity Name
M.E. THOMAS, INC.

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
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

City & State
West Palm Beach FL

4. FEI Number **65-0744382** Applied For
 Not Applicable

Zip
33460

Country
Palm Beach

Zip
33416

Country
Palm Beach

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

6. Name and Address of Current Registered Agent

THOMAS, MARILYN E
2788 S MILITARY TRAIL
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name
JANE

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 **Marilyn E. Thomas**
 Signature, typed or printed name of registered agent and title if applicable.

MARILYN E THOMAS
 (NOTE: Registered Agent signature required when reinstating)

4-9-02
 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
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **THOMAS, MARILYN E**
 STREET ADDRESS **2788 SOUTH MILITARY TRAIL**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415-9223**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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** **4-9-02** **561-588-6327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)