

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049671

1. Entity Name

THOMAS CUSTOM HOMES, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90105 014 \*\*\*150.00

Principal Place of Business 5503 HYDE PARK AVE. ORLANDO FL 32808	Mailing Address 5503 HYDE PARK AVE. ORLANDO FL 32808-1454
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2. Principal Place of Business 6903 WINDSTREAM TERR. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State ORLANDO, FL.	City & State
Zip 32818	Country ORANGE



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3450721	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRASKY, THOMAS D 5503 HYDE PARK AVE. ORLANDO FL 32808
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7. Name and Address of New Registered Agent Name THOMAS A. SMITH Street Address (P.O. Box Number is Not Acceptable) 6903 WINDSTREAM TERR. City ORLANDO FL Zip Code 32818
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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 Thomas A. Smith DATE 1/14/2000  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D PRASKY, THOMAS D 5503 HYDE PARK AVE. ORLANDO FL 32808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS A 6903 WINDSTREAM TERRACE ORLANDO FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas A. Smith DATE 1/14/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)