## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P97000080242 1. Entity Name THOMAS REALTY SERVICES, INC. 02-14-2000 90165 014 \*\*\*150.00 Principal Place of Business Mailing Address 1180 SPRING CENTRE, STE, 223 1180 SPRING CENTRE, STE. 223 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3470407 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THOMAS, PEGGY A Street Address (P.O. Box Number is Not Acceptable) 1180 SPRING CENTRE S., SUITE 223 **ALTAMONTE SPRINGS FL 32714** City Zip Code 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 **DPST** ☐ Delete ☐ Change ■ Addition THOMAS, PEGGY A NAME STREET ADDRESS 1180 SPRING CENTRE, STE. 223 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 effect like empowered.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Thomas, President

SIGNATURE:

(407)788-5100 Daytime Phone #

2/4/00

FILED