

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084167

1. Entity Name

FRED THOMAS DEVELOPMENT, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90003 001 ***300.00

Principal Place of Business

Mailing Address

102 DRIFTWOOD AVE
 STE 7
 FT WALTON BEACH FL 32548
 US

102 DRIFTWOOD AVE
 STE 7
 FT WALTON BEACH FL 32548-5254
 US

2. Principal Place of Business

3. Mailing Address

203 Buck Drive

203 Buck Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

City & State

Ft. Walton Beach, FL

Zip

32548

Country

U.S.

Zip

32548

Country

U.S.

4. FEI Number

59-3414657

Applied For

Not Applicable

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

THOMAS, FREDERICK W
 315 HOLLYWOOD BLVD, STE #2
 MARY ESTHER FL 32569

Name

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

203 Buck Drive

City

Ft. Walton Bch.

FL

Zip Code

32548

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
 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 PD ☐ Delete
 NAME THOMAS, FREDERICK W
 STREET ADDRESS 127 GAIL LA RUE
 CITY-ST-ZIP FORT WALTON BEACH FL 32549

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

TITLE STD ☐ Delete
 NAME THOMAS, YOLANDA
 STREET ADDRESS 127 GAIL LA RUE
 CITY-ST-ZIP FORT WALTON BEACH FL 32549

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)