

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90030 050 ***150.00

0360199 AV

DOCUMENT # P98000009401

1. Entity Name
THOMAS-DAVIS, INC.

Principal Place of Business
**105 S NARCISSUS AVE
SUITE #602
WEST PALM BEACH FL 33402**

Mailing Address
**105 S NARCISSUS AVE
SUITE #602
WEST PALM BEACH FL 33402**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0816122**

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

**SCHWENCKE, KERRY R
1645 PALM BEACH LAKES BLVD
SUITE 720
WEST PALM BEACH FL 33401**

Name

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

City

FL

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, PAUL 105 S NARCISSUS AVE WEST PALM BEACH FL 33402	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, PAUL 105 S NARCISSUS AVE WEST PALM BEACH FL 33402	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, SUSAN 105 S. NARCISSUS AVE #602 WEST PALM BEACH FL 33402	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, NORMAN 105 S NARCISSUS AVE #602 WEST PALM BEACH FL 33402	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, LINDELL 105 S. NARCISSUS AVE #602 WEST PALM BEACH FL 33402	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/01

CR2E034 (9/01)