

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90127 003 \*\*\*150.00

0487017 AV

DOCUMENT # **P98000025389**

1. Entity Name  
**AMERIPRO ELECTRONICS, INC.**



Principal Place of Business  
**8502 N ARMENIA AVE**  
**10**  
**TAMPA FL 33604**  
**US**

Mailing Address  
**1204 WOODCREST AVE**  
**CLEARWATER FL 33756**



2. Principal Place of Business  
**18860 US HWY N**  
Suite, Apt. #, etc.  
**131**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**CLEARWATER, FL**

City & State

4. FEI Number **59-3506821** Applied For  
 Not Applicable

Zip **33764** Country **PINELLAS**

Zip Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**THOMAS, LILAMAE W**  
**1204 WOODCREST AVE**  
**CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signatures required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 6, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
NAME **PD THOMAS, LILAMAE W**  
STREET ADDRESS **1204 WOODCREST AVE**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD THOMAS, LOUIS I**  
STREET ADDRESS **1786 HARBOR DR SOUTH**  
CITY-ST-ZIP **DADE HARBOR FL 34883**

TITLE  Change  Addition  
NAME **V.D. THOMAS, LOUIS I.**  
STREET ADDRESS **8301 DIAGONAL RD. N**  
CITY-ST-ZIP **ST. PETERSBURG, FL. 33702**

TITLE  Delete  
NAME **TD THOMAS, DONALD W JR**  
STREET ADDRESS **10609 ILEX ST**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Selemour R. Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-03**  
Date Daytime Phone #

CR2E034 (10/02)