

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031983

1. Entity Name

THOMAS BUSINESS SOLUTIONS, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90042 046 \*\*\*150.00

Principal Place of Business

Mailing Address

7740 SOUTHSIDE BOULEVARD  
#1906  
JACKSONVILLE FL 32256

P.O. BOX 16952  
JACKSONVILLE FL 32245-6952

951653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3504111

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

THOMAS, F H JR  
7740 SOUTHSIDE BOULEVARD  
#1906  
JACKSONVILLE FL 32256

Name

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

260 VILLAGE GREEN AVE.

City

JACKSONVILLE

FL

Zip Code

32259

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

F. H. Thomas, Jr. F. H. THOMAS, JR.

4/25/00

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	D	<input type="checkbox"/> Delete
NAME	THOMAS, F H (FRANK) JR	
STREET ADDRESS	7740 SOUTHSIDE BOULEVARD, #1906	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	THOMAS, F H (FRANK) JR	
STREET ADDRESS	7740 SOUTHSIDE BOULEVARD, #1906	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	260 VILLAGE GREEN AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	260 VILLAGE GREEN AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required: F. H. Thomas, Jr. 4/25/00 904-472-6220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)