

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90060 048 ***150.00

DOCUMENT # P98000070293

1. Entity Name

APPROVED PERMIT SERVICES, INCORPORATED

Principal Place of Business

**3411 NW 9TH AVENUE
 #706
 OAKLAND PARK FL 33309
 US**

Mailing Address

**1917 N.W. 37TH STREET
 OAKLAND PARK FL 33309
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0856555

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, WILLIAM R
 1917 N.W. 37TH STREET
 OAKLAND PARK FL 33309**

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	D THOMAS, WILLIAM R 1917 N.W. 37TH STREET OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BARBARA L 1917 N.W. 37TH STREET OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS, WILLIAM R 1917 NW 37 ST OAKLAND PARK, FLA 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50% INTEREST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - THOMAS THOMAS, BARBARA L 1917 NW 37 ST Oakland Park, FLA 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40% INTEREST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT - THOMAS THOMAS, JOSEPH G 1917 NW 37 ST Oakland Park, FLA 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10% INTEREST
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William R. Thomas 3/22/02 (954) 567-9067

CR2E034 (9/01)