

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90134 019 ***150.00

DOCUMENT # P99000008897

1. Entity Name

STEVE THOMAS ENTERPRISES INC.

Principal Place of Business

**1648 NW 45TH TERRACE
OKEECHOBEE FL 34972**

Mailing Address

**1648 NW 45TH TERRACE
OKEECHOBEE FL 34972**

2. Principal Place of Business

2480 NW 7TH ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Zip

34972

Country

Okeechobee

Zip

Country

4. FEI Number

65-1113308

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**THOMAS, STEVE J.
1648 NW 45TH TERRACE
OKEECHOBEE FL 34972**

7. Name and Address of New Registered Agent

Name

STEVE J. THOMAS

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

2480 NW 7TH ST.

City

Okeechobee

FL

Zip Code

34972

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

Steve J. Thomas (Pres.)

4/11/02

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

TITLE **D** ☐ Delete
NAME **THOMAS, STEVE J**
STREET ADDRESS **1648 NW 45TH TERRACE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **VP** ☐ Delete
NAME **THOMAS, DIXIE A**
STREET ADDRESS **1648 NW 45TH TERRACE**
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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:

Steve J. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)