AMENDED

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAY 15 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000012124

1. Entity Name: THOMAS CONSTRUCTION CO. OF MARATHON, INC.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 582 12TH ST. GULF | 582 12TH ST GULF |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MARATHON FL | City & State: MARATHON, FL |
| Zip: 33050 Country: USA | Zip: 33050 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0894398 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

Name: WIECEK, THOMAS E

Street Address (P.O. Box Number is Not Acceptable): 8061 WEST MCNAB ROAD

City: TAMARAC FL Zip Code: 33321

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: Thomas E Wiecek THOMAS E. WIECEK 5-9-02
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) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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 | P |
| NAME | THOMAS E WIECEK |
| STREET ADDRESS | P.O. BOX 1393 |
| CITY-ST-ZIP | DELRAY BEACH FL 33447 |
| TITLE | V |
| NAME | ROBERT MORRIS |
| STREET ADDRESS | 582 12TH STREET GULF |
| CITY-ST-ZIP | MARATHON, FL 33050 |
| TITLE | S/T |
| NAME | CAROLE L WIECEK |
| STREET ADDRESS | PO BOX 1393 |
| CITY-ST-ZIP | DELRAY BEACH FL 33447 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

700005677997--1
-06/04/02--01076--001
*****61.25 *****61.25

CR2E034B (12/01)

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Thomas E Wiecek THOMAS E. WIECEK 5-9-02 5612438131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #