2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90077 044 ***158.75

DOCUMENT # P99000012124

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

Principal Place of Business	Mailing Address
582 12TH ST GULF MARATHON FL 33050 US	582 12TH ST GULF MARATHON FL 33050 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
637 12TH ST. GULF	P.O. BOX 1393
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MARATHON, FL 33050	DELRAY BEACH
City & State	City & State
MARATHON, FL.	DELRAY BEACH, FL
Zip / Country	Zip / Country
33050 / MONROE	33447 / PALM BEACH

4. FEI Number 65-0894398 ☐ 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
WIECEK, THOMAS E 8061 WEST MCNAB ROAD TAMARAC FL 33321	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P WIECEK, THOMAS E P O BOX 1393 DELRAY BEACH FL 33447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, ROBERT ~~582~~ 12TH STREET GULF MARATHON FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	637 12 EAST GULF MARATHON, FL 33050	☑ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WIECEK, CAROLE L PO BOX 1393 DELRAY BEACH FL 33447	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED THOMAS E. WIECEK, PRES 3/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #

CR2E034 (10/02)