

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000038333**

1. Entity Name

D.C. THOMAS CONSTRUCTION, INC.**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90072 024 ***150.00

00020028

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3600 LONGMEADOW
SARASOTA FL 34235**

Mailing Address

**3600 LONGMEADOW
SARASOTA FL 34235**

2. Principal Place of Business

1400 Georgetowne DR.
Suite, Apt. #, etc.

3. Mailing Address

1400 Georgetowne DR.
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-3575834

Applied For

Not Applicable

Zip

34232

Country

Zip

34232

Country

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

6. Name and Address of Current Registered Agent

**THOMAS, DAVID C
3600 LONGMEADOW
SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name

Thomas, David C

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

1400 Georgetowne DR.

City

SARASOTA**FL**

Zip Code

34232

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

DAVID C. THOMAS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **THOMAS, DAVID C**
STREET ADDRESS **3600 LONGMEADOW**
CITY-ST-ZIP **SARASOTA FL 34235**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T** ☒ Change ☐ Addition
NAME **Thomas, David C**
STREET ADDRESS **1400 Georgetowne DR.**
CITY-ST-ZIP **SARASOTA, FL 34232**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

DAVID C. THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)