

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90003 047 ***150.00

DOCUMENT # P99000084674

1. Entity Name

THOMAS & HOWARD, INC.

R

Principal Place of Business

10097 CLEARY BLVD. #344
PLANTATION FL 33324

Mailing Address

10097 CLEARY BLVD. #344
PLANTATION FL 33324

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

65-0949168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, DARIN T
10097 CLEARY BLVD. #344
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES/D
DAVID R. MEYER
341 NW 100 AVE
PLANTATION FL 33324

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
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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 #

7/11/00

954 744-6670

THOMAS AND HOWARD INC.

ATTACHMENT
P990000084674
DW72754
10097 CLEARY BLVD.
SUITE 344
PLANTATION, FL. 33324-1065

Phone (954) 749-6670
Fax (954) 749-6669

July 11, 2000

Div of Corporations

As per instructions, I am enclosing
Check for \$150.00. I never received
original notice.

Thank you
D. Meyer
Pres.