

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90372 022 ***150.00

916779



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000085573

1. Entity Name

TOMAS INC.

Principal Place of Business

296 BARCELONA RD
 WEST PALM BEACH FL 33401

Mailing Address

296 BARCELONA RD
 WEST PALM BEACH FL 33401

2. Principal Place of Business

2415 MEDINA WAY
 Suite, Apt. #, etc.

3. Mailing Address

2415 MEDINA WAY
 Suite, Apt. #, etc.

City & State

W. PALM BEACH FL

City & State

W. PALM BEACH FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

36-4645468

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

WALSH, THOMAS T
 265 GRANADA RD.
 WEST PALM BEACH FL 33401

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.

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WALSH, THOMAS T
 CITY-ST-ZIP 265 GRANADA RD.
 WEST PALM BEACH FL 33401

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS WALSH THOMAS T.
 CITY-ST-ZIP 2415 MEDINA WAY
 WEST PALM BEACH FL 33401

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)