

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90371 025 ***150.00

DOCUMENT # P99000103163

1. Entity Name
THOMAS' 1ST CLASS, INC.



Principal Place of Business
**1612 W MEMORIAL BLVD
LAKELAND FL 33815**

Mailing Address
**1612 W MEMORIAL BLVD
LAKELAND FL 33815**

2. Principal Place of Business
36827 PALM ST.

3. Mailing Address
36827 PALM ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DADE CITY FL.

City & State
DADE CITY FL

4. FEI Number **59-3613698**

Applied For
Not Applicable

Zip **33525-4546** Country

Zip **33525-4546** Country

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

**HERSCH, LARRY S
12249 HIWAY 301
DADE CITY FL 33525**

Name
CLAUDE E. THOMAS
Street Address (P.O. Box Number is Not Acceptable)
36827 PALM ST.

City **DADE CITY** FL Zip Code **33525-4546**

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 *Claude E. Thomas* (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 **D** ☐ Delete
NAME **THOMAS, CLAUDE E**
STREET ADDRESS **1612 W MEMORIAL BLVD**
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE **D** ☐ Delete
NAME **THOMAS, WADE E**
STREET ADDRESS **1612 W MEMORIAL BLVD**
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE **D** ☐ Delete
NAME **BODI, SHANNON K**
STREET ADDRESS **1612 W MEMORIAL BLVD**
CITY-ST-ZIP **LAKELAND FL 33815**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Claude E. Thomas* **THOMAS' 1ST CLASS, INC. PRESIDENT**

1/20/03

352-267-7329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)