

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S06638

1. Entity Name

JOSEPH D. THOMAS ENTERPRISES, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 030 ***150.00

Principal Place of Business

Mailing Address

236 N BRIGHTON DR
PORT ORANGE FL 32117
US

236 N. BRIGHTON DR
PORT ORANGE FL 32127-5909
US

2. Principal Place of Business

4950 S. PENINSULA DR.
Suite, Apt. #, etc.

3. Mailing Address

3890 Turtle Creek Dr.
Suite, Apt. #, etc.
B-1

City & State

Port Orange FL

Zip
32127

Country

USA

City & State

Port Orange FL

Zip

32127

Country

USA

4. FEI Number

37-1270543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRESSER, STEVEN
236 N. BRIGHTON DR
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name: Daniel S. Friebeis
Street Address (P.O. Box Number is Not Acceptable): 3890 Turtle Creek
Suite B-1
City: Port Orange FL Zip Code: 32127

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 re-registering)

DATE

2/16/00

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, JOSEPH D	
STREET ADDRESS	304 MAYFIELD	
CITY-ST-ZIP	TILTON IL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMAS, CATHERINE J	
STREET ADDRESS	304 MAYFIELD	
CITY-ST-ZIP	TILTON IL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DRESSER, STEVEN G	
STREET ADDRESS	236 N BRIGHTON DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DRESSER, TAMMY J	
STREET ADDRESS	236 N. BRIGHTON DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: X

JOSEPH D. THOMAS

2/20/00

Date

Daytime Phone #

CR2E034 (9/99)