#1LED \$\\\ May 13, 2002 8:00 am \\\ Secretary of State \\\ \(05-13-2002 90055 0.46 \)

2002 UNIFORM BUSINESS REPORT (UBR)

S06638 DOCUMENT # 1. Entity Name

JOSEPH D. THOMAS ENTERPRISES, INC.

Principal Place of Business

4950 S PENINSULA DR PONCE INLET FL 32127

US

Mailing Address

3890 TURTLE CREEK DRIVE

PORT ORANGE FL 32127



2. Principal P	Place of Busin	ness	3. Mailing Address				- STREAM OF THE BRANE BRANE BRANE BRANE AND A FRANCE BLOCK BLOCK BROWN BLOCK B					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number	37-127054	3	<u> </u>	pplied For ot Applicable	
Zip Country			Zip	Zip Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required					7
	6. Name	and Address of Current I			7.	Name and Add	ress of New F	Registered A	gent		┪	
	10			Name								
FRIEBIS,	DANIEL S	,										
3890 TUF	RTLE CREE	K		Street Add			ress (P.O. Box Number is Not Acceptable)					
SUITE B1	ı											\dashv
	Range fl: 3	22127										
runi ur	MINGE PL	02 12 <i>1</i>		City				FL	Zip Cod	le	1	
9 The above	named entity	y purposite this statement for	the number of share its							<u> </u>		-
o. The above	named entity	y submits this statement for	the purpose of changing its	register	ed office c	r registered ac	gent, or both, in	the State of Fi	orida.			
SIGNATURE _	Cinnatura Aurus	or printed name of registered agent a	Category and the second									
	Signature, typeu	or printed riame or registered agent a	nd title if applicable. (NOTE	=: Registere	id Agent signa	ture required when r	einstating)		DATE			
9. This corpo	ration is eligi	ible to satisfy its Intangible	FILE NOW!	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0			40 51 11					
_		and elects to do so.					10. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee					
(See criter	ia on back)		le to D	epartmen	t of State	ate Trust Fund Contribution. LI Added to Fees						
11.		OFFICERS AND (DIRECTORS	12.		AE	DDITIONS/CHA	NGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	1
TITLE	P Defete		TITL	E					☐ Change	☐ Addition	18	
NAME		JOSEPH D		NAM	E	1						6
STREET ADDRESS	304 MAYFIELD		STRI		ET ADDRESS						8	
CITY-ST-ZIP	TILTON IL			CITY	-ST-ZIP						🗒	
TiTLE	V Delete		TITLE	TITLE P				-	Change	Addition	CR2E034 (9/01)	
NAME	THOMAS,	CATHERINE J		NAM						E-F Change		~
STREET ADDRESS	304 MAY			STRE	ET ADDRESS							
CITY-ST-ZIP	TILTON IL	•		-ST-ZIP								
TITLE	S		∠ Delete	TITLE	:	5		•		Change	Addition	1
NAME	DRESSER, STEVEN G			NAM							Modition	
STREET ADDRESS	236 N BR		STRE	ET ADDRESS	HOWARD, NANA							
CITY-ST-ZIP	PORT OR			CITY	-ST-ZIP		REENWOOD CEMENTARY RD					
TITLE	T S Delete		₩ Delete	TITLE	TITLE DA		LLE, IL	61832	·	Change	Addition	1
NAME	DRESSER	, TAMMY[J	22 2000	NAM		HOWARI	o, nana			onunge	2.5 (100)(10)	
STREET ADDRESS	236 N. BF	RIGHTON DR		STRE	ET ADDRESS	55 GRI	EENWOOD	CEMETI				
CITY-ST-ZIP	PORT OR	ange fl		CITY-S		DANVII	LLE, IL	61832	2			
TITLE	·	******	☐ Delete	TITLE	:					Change	Addition	1
NAME			LL 001010	NAME					ı	Unange	☐ Munitifit	
STREET ADDRESS					- Et address							}
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CITY-ST-ZIP					-ST-ZIP							}
13 I hereby o	artifu that the	information ounnited with t	his filing along the state of t	ala a a			440.07/01/2					1

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 MANE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #