

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90055 046 ***150.00

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DOCUMENT # S06638

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
 B1
 PORT ORANGE FL 32127
 US

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 **37-1270543**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK
SUITE B1
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	THOMAS, JOSEPH D	304 MAYFIELD	TILTON IL	<input checked="" type="checkbox"/>
V	THOMAS, CATHERINE J	304 MAYFIELD	TILTON IL	<input type="checkbox"/>
S	DRESSER, STEVEN G	236 N BRIGHTON DR	PORT ORANGE FL	<input checked="" type="checkbox"/>
T	DRESSER, TAMMY J	236 N BRIGHTON DR	PORT ORANGE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Catherine J. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
 Date

Daytime Phone #

CR2E034 (9/01)