

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90075 021 ***150.00

DOCUMENT # S63618

1. Entity Name
THOMAS-PIERCE, INC.



Principal Place of Business
**529 27TH ST
WEST PALM BEACH FL 33480
US**

Mailing Address
**POST OFFICE BOX 2562
PALM BCH. FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0292545**

Applied For
Not Applicable

Zip

Country

Zip

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

**THOMAS, THOMAS R.
529-27TH ST.
W PALM BCH. FL 33407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **THOMAS, THOMAS R.**
STREET ADDRESS **529-27TH ST.**
CITY-ST-ZIP **W PALM BCH. FL**

TITLE **P/D** ☒ Change ☐ Addition
NAME **Thomas, Thomas R.**
STREET ADDRESS **529-27th St.**
CITY-ST-ZIP **West Palm Beach FL 33407**

TITLE **D** ☐ Delete
NAME **PIERCE, HUGH M.**
STREET ADDRESS **7301 S FLAGLER DR**
CITY-ST-ZIP **PALM BEACH FL 33405**

TITLE **C/D** ☒ Change ☐ Addition
NAME **Pierce, Hugh M.**
STREET ADDRESS **2725 Seneca Cir.**
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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 life empowered.

SIGNATURE: *Thomas R. Thomas* **Thomas R. Thomas P/D** **561-833-2087** **1/6/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)