

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90327 044 ***158.75

DOCUMENT # V22841

1. Entity Name

G.A. THURSTON MANAGEMENT, INC.

Principal Place of Business

2405 SE 17 ST
SUITE 301
OCALA FL 34480
US

Mailing Address

2405 SE 17 ST
SUITE 301
OCALA FL 34480
US

962153

2. Principal Place of Business

825 S.E. 3RD AVE.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip
34471

Country
U.S.

3. Mailing Address

825 S.E. 3RD AVE.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

Zip
34471

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3114425

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THURSTON, GARY A
3435 SE 41ST PL
OCALA FL 34480

Name

GARY A. THURSTON

Street Address (P.O. Box Number is Not Acceptable)

825 SE 3RD AVENUE

City

OCALA

FL

Zip Code

34471

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.

GARY A. THURSTON

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
THURSTON, GARY A
2405 SW 17TH ST #301
OCALA FL 34471

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

825 SE 3RD AVENUE
OCALA, FLORIDA 34471

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY A. THURSTON

4/26/01

Date

(352) 629-7979

Daytime Phone #

CR2E034 (10/00)