

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36541

1. Entity Name

THOMRUH, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90209 009 ***150.00

Principal Place of Business

105 S NARCISSUS AVE
503
W PALM BEACH FL 33401
US

Mailing Address

105 S NARCISSUS AVE
503
W PALM BEACH FL 33401-6148
US

703942

2. Principal Place of Business

222 LAKEVIEW AVENUE

3. Mailing Address

222 LAKEVIEW AVENUE

Suite, Apt. #, etc.

SUITE 800

Suite, Apt. #, etc.

SUITE 800

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA

Zip

33401

Country

USA

4. FEI Number

65-0467615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNRUH, HUGO P
105 S NARCISSUS AVE, STE 503
SUITE 600
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name HUGO P. UNRUH

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

222 LAKEVIEW AVENUE, SUITE 800

City

WEST PALM BEACH

FL

Zip Code

33401

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.

Hugo P. UNRUH

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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, 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 ☐ Delete
NAME UNRUH, HUGO P
STREET ADDRESS 105 S. NARCISSUS AVE. STE. 508
CITY-ST-ZIP WEST PALM BCH. FL 33401

TITLE V ☐ Delete
NAME THOMAS, NORMAN
STREET ADDRESS 105 S. NARCISSUS AVE. STE. 602
CITY-ST-ZIP WEST PALM BCH. FL 33401

TITLE S ☐ Delete
NAME UNRUH, PATRICIA
STREET ADDRESS 105 S. NARCISSUS AVE. STE. 503
CITY-ST-ZIP WEST PALM BCH FL 33401

TITLE T ☐ Delete
NAME SILVA-THOMAS, SUSAN
STREET ADDRESS 105 S. NARCISSUS AVE. STE. 602
CITY-ST-ZIP WEST PALM BCH. FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME HUGO P. UNRUH
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 800
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

TITLE SECRETARY ☒ Change ☐ Addition
NAME PATRICIA UNRUH
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 800
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hugo P. UNRUH

Date

1/6/00

Daytime Phone #

561-835-8505

CR2E034 (9/99)