2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90021 044 ***150.00

DOCUMENT # 342360

1. Entity Name
THOMPSON-BAILEY-BAKER REALTY, INC.

Principal Place of Business	Mailing Address
93-D ORANGE STREET POST OFFICE BOX 70 ST. AUGUSTINE FL 32084 US	P.O. BOX 70 POST OFFICE BOX 70 ST. AUGUSTINE FL 32085 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
93 ORANGE ST.	
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State ST AUGUSTINE FL	City & State
Zip 32084 / Country USA	Zip / Country

4. FEI Number 59-1234093 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON,PIERRE D
206 PELICAN REEF DR.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code 32080

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

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, 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	V THOMPSON,PIERRE D 206 PELICAN REEF DR. ST AUGUSTINE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	zip 32080	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PAUL J 83 COMARES AVE, UNIT 7-A ST AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW zip 32080	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] Paul J Thompson President — 4-05-01 — (04-824-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #