

2000 UNIFORM BUSINESS REPORT (UBR)

0001345 AF

DOCUMENT # L99000001519

1. Entity Name
THOMPSON, BOSTROM & ASSOCIATES, L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

66 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

Mailing Address

66 N. ATLANTIC AVENUE
COCOA BEACH FL 32931-2904

2. Principal Place of Business

99 N. Atlantic Avenue

3. Mailing Address

99 N. Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cocoa Beach, FL

City & State
Cocoa Beach, FL

4. FEI Number
59-3566352

Applied For
Not Applicable

Zip Country
32131 Brevard

Zip Country
32931 Brevard

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSTROM, RICHARD E
~~66 N. ATLANTIC AVENUE~~ 99 N. Atlantic Avenue
COCOA BEACH FL 32931

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME STAZZONE, JOSEPH
STREET ADDRESS 99 N ATLANTIC AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Change ☐ Addition
NAME 5000003124455-5
STREET ADDRESS -02/04/00--01081--008
CITY-ST-ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME WILLIAMS, ROBERT W
STREET ADDRESS 99 N ATLANTIC AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

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

TITLE MGR ☐ Delete
NAME BOSTROM, RICHARD E
STREET ADDRESS 66 N ATLANTIC AVENUE
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☒ Change ☐ Addition
NAME MGR
STREET ADDRESS BOSTROM, RICHARD E
CITY-ST-ZIP 99 N. ATLANTIC AVENUE
COCOA BEACH, FL 32931

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-31-00 407-799-0099

(66/6) (1/1) C13