2003 **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State
01-30-2003 90043 003 ****50.00

DOCUMENT # L99000001519

1. Entity Name

THOMPSON, BOSTROM & ASSOCIATES, L.C.

DO NOT WRITE IN THIS SPACE

20020499

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
99 N. Atlantic Avenue	99 N. Atlantic Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cocoa Beach, Florida	City & State: Cocoa Beach, Florida
Zip: 32931 Country: Brevard	Zip: 32931 Country: Brevard

4. FEI Number: 59-3566352 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Richard E. Bostrom

Street Address (P.O. Box Number is Not Acceptable): 99 N. Atlantic Avenue

City: Cocoa Beach FL Zip Code: 32931

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Joseph Stazzone
STREET ADDRESS	99 N. Atlantic Avenue
CITY-ST-ZIP	~~Cocoa Beach, Fl 32931~~
TITLE	MGR
NAME	Robert W. Williams
STREET ADDRESS	99 N. Atlantic Avenue
CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	MGR
NAME	Richard E. Bostrom
STREET ADDRESS	99 N. Atlantic Avenue
CITY-ST-ZIP	Cocoa Beach, FL 32931

ORIGINAL SENT WITHOUT THE CHECK

IN THIS SPACE

CR2E083B (12/02)

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, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #