FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90071 009 ***150.00

DOCUMENT # S55024

1. Entity Name

JOHN G. THOMPSON & ASSOCIATES,P.A.

DO NOT WRITE IN THIS SPACE

B0058642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1221 E. Tarpon Avenue	P. O. Box 1757
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State: Tarpon Springs, FL
Zip: 34689 Country: USA	Zip: 34688-1757 Country: USA

4. FEI Number: 59-3065078 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John G. Thompson

Street Address (P.O. Box Number is Not Acceptable): 1221 E. Tarpon Ave

City: Tarpon Springs **FL** Zip Code: 34689

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director John G. Thompson 1221 E. Tarpon Ave Tarpon Springs, Fl 34689
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Mariette B. Thompson 1221 E. Tarpon Avenue Tarpon Springs, FL 34689
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President 3/27/02 727-934-7377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #