## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 10, 2001 8:00 am Secretary of State **DOCUMENT # 153410** 1. Entity Name GAINESVILLE LIVE STOCK MARKET, INC. 05-10-2001 90069 028 \*\*\*150.00 Principal Place of Business Mailing Address C/O L. H. THOMPSON, JR. C/O L. H. THOMPSON, JR. POST OFFICE 1175 POST OFFICE 1175 GAINESVILLE FL 32602 GAINESVILLE FL 32602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0580726 Not Applicable Zip Country Country \$8.75 Additional Fee Required 5.- Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THOMPSON, LANNIE H JR Street Address (P.O. Box Number is Not Acceptable) 11207 NW 12TH PLACE GAINESVILLE FL 32606 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME THOMPSON. BESSIE K NAME STREET ADDRESS 1026 NE 3RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 00000 TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME THOMPSON, LANNIE H, JR NAME STREET ADDRESS STREET ADDRESS 11207 NW 12 PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 00000 ήτι ε ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME THOMPSON, SHIRLEY S. STREET ADDRESS STREET ADDRESS 11207 NW 12 PLACE CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 00000 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR