

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90876 039 \*\*\*150.00

DOCUMENT # 153410 ✓

1. Entity Name

GAINESVILLE LIVESTOCK MARKET INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5045 NW 13<sup>TH</sup> ST.

3. Mailing Address

11207 NW 12<sup>TH</sup> PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
GAINESVILLE FL.

City & State  
GAINESVILLE, FL

4. FEI Number

59-0580726

Applied For

Not Applicable

Zip  
32601

Country  
ALACHUA

Zip  
32606

Country  
ALACHUA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
MULLER, CHARLES E. II

Street Address (P.O. Box Number is Not Acceptable)  
9100 S. DADELAND BLVD.

City  
MIAMI FL Zip Code  
33156-7819

**DO NOT WRITE  
IN THIS SPACE**

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

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  
P.D.  
LANNIE H THOMPSON JR  
11207 NW 12<sup>TH</sup> PLACE  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.P.D.  
BESSIE K THOMPSON  
1026 NE 3<sup>RD</sup> ST  
GAINESVILLE, FL 32601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SHIRLEY S. THOMPSON  
11207 NW 12<sup>TH</sup> PLACE  
GAINESVILLE, FL 32606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

Lannie H Thompson Jr.  
LANNIE H THOMPSON JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 352-332-5873

Date

Daytime Phone #

CR2E034B (12/01)