

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 035 ***150.00

DOCUMENT # 202128

1. Entity Name

THOMPSON TILE CO., INC.

Principal Place of Business

**2535 EDISON AVENUE
FT. MYERS FL 33901**

Mailing Address

**2535 EDISON AVENUE
FT. MYERS FL 33901-5300**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0801440☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, LEON C.
22930 THOMPSON DR.
ALVA FL 33820**

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	THOMPSON, LEON C.	22930 THOMPSON DR.	ALVA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	THOMPSON, E MONA	22930 THOMPSON DR	ALVA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	THOMPSON, RICHARD	2109 PINEVIEW RD.	FT. MYERS FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	STAPLES, SHARON T	19013 MIAMI	FT MYERS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-00 94-334-2211