

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 260593

FILED
Apr 30, 2003
Secretary of State

Entity Name: THOMPSONBAKER AGENCY, INC.

Current Principal Place of Business:

61 CORDOVA ST.
P.O. BOX 3807
ST. AUGUSTINE, FL 320850087

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3807
ST. AUGUSTINE, FL 320850087

New Mailing Address:

FEI Number: 59-0971099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, GREGORY E.
39 VALENCIA STREET
ST. AUGUSTINE, FL 32084

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD (X) Delete
Name: NORMAN, MICHAEL H.,
Address: 164 PELICAN REEF DR
City-St-Zip: ST. AUGUSTINE, FL

Title: PD () Delete
Name: BAKER, GREGORY E.,
Address: 39 VALENCIA ST
City-St-Zip: ST. AUGUSTINE, FL

Title: STD () Delete
Name: BAKER, MATTHEW E
Address: 15 ST AUGUSTINE BLVD
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VD () Delete
Name: ALEXANDER, DAN
Address: 307 RIBAUT STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW E. BAKER

STD

04/30/2003

Electronic Signature of Signing Officer or Director

Date