

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 281749

1. Entity Name

THOMPSON NURSERY INC

Principal Place of Business

Mailing Address

10050 W THOMPSON NURSERY RD.
WINTER HAVEN FL 33884

6039 CYPRESS GARDENS BLVD
SUITE 411
WINTER HAVEN FLA 33884-4115
US

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

59-1063695

Applied For

Not Applicable

5. 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, CLYDE H.
10100 S. LK. RUBY DR.
WINTER HAVEN FL 33884

Name: Thompson, Clyde H.
Street Address (P.O. Box Number is Not Acceptable)
#411 6039 Cypress Gardens Blvd
City: Winter Haven, FL Zip Code: 33884

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 State

10. 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 PD
NAME THOMPSON, CLYDE H
STREET ADDRESS 10100 LAKE RUBY DRIVE
CITY-ST-ZIP WINTER HAVEN, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VST
NAME THOMPSON, SHARON YVONNE
STREET ADDRESS 10100 LAKE RUBY DRIVE
CITY-ST-ZIP WINTER HAVEN FL

TITLE
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CITY-ST-ZIP

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: Yvonne Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -4 PM 4:30



DO NOT WRITE IN THIS SPACE

11-4-00

11-4-00

11-4-00