

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90049 031 ***150.00

DOCUMENT # 350072

1. Entity Name

THOMPSON'S AUTOMOTIVE WAREHOUSE, INC.

Principal Place of Business

**6391 49TH ST NO.
 PINELLAS PARK FL 33781**

Mailing Address

**6391 49TH ST NO.
 PINELLAS PARK FL 33781**

2. Principal Place of Business

**12100 31ST COURT N
 Suite, Apt. #, etc.
 St. Petersburg, FL**

**City & State
 33716 USA**

Zip Country

3. Mailing Address

**12100 31ST COURT N
 Suite, Apt. #, etc.
 St. Petersburg, FL**

**City & State
 33716 USA**

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1307928**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, GEORGE W
 6391 49TH ST. NO.
 PINELLAS PARK FL**

7. Name and Address of New Registered Agent

Name **JAMES ALLEN**
 Street Address (P.O. Box Number is Not Acceptable)
12100 31ST COURT N.
 City **St. Petersburg** **FL** Zip Code **33716**

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 *James Allen* **JAMES ALLEN** **01/08/02**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, GEORGE W 6391 49TH ST N. PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, VERA P 6391 49TH ST N. PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLEN, JAMES K. 6391 49TH ST N. PINELLAS PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Allen* **JAMES ALLEN** **01/08/02** **727-561-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)