

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 443110

1. Entity Name

L.C. THOMPSON INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90027 034 ***150.00

Principal Place of Business

4743 US 19
NEW PORT RICHEY FL 34652
US

Mailing Address

~~P.O. BOX 677
ELFERS FL 34680-0677
US~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

L.C. Thompson Inc.

4743 US 19

New Port Richey FL

34652

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1510444

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, PEYTON D
4743 US 19
NEW PT RICHEY FL 34652

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 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 ☐ Delete
NAME THOMPSON, P DOUGLAS
STREET ADDRESS 3216 FLORAMAR TERRACE
CITY-ST-ZIP NEW PT RICHEY, FL 00000

TITLE PD ☒ Change ☐ Addition
NAME Thompson, P. Douglas
STREET ADDRESS 4743 US 19
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ST ☐ Delete
NAME THOMPSON, CHRISTINE D
STREET ADDRESS 4939 FLORAMAR UNIT 507
CITY-ST-ZIP NEW PT RICHEY, FL 00000

TITLE ST ☒ Change ☐ Addition
NAME Thompson, Christine D.
STREET ADDRESS 4743 US 19
CITY-ST-ZIP New Port Richey, FL 34652

TITLE VPD ☐ Delete
NAME THOMPSON, JANICE E
STREET ADDRESS 3216 FLORAMAR TERRACE
CITY-ST-ZIP NEW PT RICHEY, FL 00000

TITLE VPD ☒ Change ☐ Addition
NAME Thompson, Janice E.
STREET ADDRESS 4743 US 19
CITY-ST-ZIP New Port Richey, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-2000 727-7040796

CR2E034 (9/99)