

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 474799

1. Entity Name

B. R. THOMPSON CONSTRUCTION, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90159 012 ***158.75

Principal Place of Business 7589 PROCTOR RD TALLAHASSEE FL 32308 US	Mailing Address 7589 PROCTOR RD TALLAHASSEE FL 32308-7601 US
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2. Principal Place of Business 9433 Buck Haven Trail Suite, Apt. #, etc.	3. Mailing Address 9433 Buck Haven Trail Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 59-1590678	Applied For <input type="checkbox"/> Not Applicable
Zip 32312-4102	Country US	Zip 32312-4102	Country US
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THOMPSON, B. R. 7589 PROCTOR RD TALLAHASSEE FL 32308	7. Name and Address of New Registered Agent Name David R. Thompson Street Address (P.O. Box Number is Not Acceptable) 9433 Buck Haven Trail City Tallahassee FL Zip Code 32312-4102
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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 DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, B R 7589 PROCTOR RD TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, TERRY G 799 VIOLET TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, DAVID R 7597 PROCTOR RD TALLAHASSEE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 9433 Buck Haven Trail Tallahassee, FL 32312-4102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, BERTHA G 7589 PROCTOR RD TALLAHASSEE, FL 00000 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 4/26/00 850-668-0714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)