

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 474799

1. Entity Name

B. R. THOMPSON CONSTRUCTION, INC.

FILED

Mar 28, 2001 8:00 am  
Secretary of State

03-28-2001 90204 029 \*\*\*150.00

Principal Place of Business 9433 BUCK HAVEN TRAIL TALLAHASSEE FL 32312-4102 US	Mailing Address 9433 BUCK HAVEN TRAIL TALLAHASSEE FL 32312-4102 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-1590678	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  THOMPSON, DAVID R 9433 BUCK HAVEN TRAIL TALLAHASSEE FL 32312-4102
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (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, 2001 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	P <input checked="" type="checkbox"/> Delete
NAME	THOMPSON, B R
STREET ADDRESS	7589 PROCTOR RD
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	THOMPSON, TERRY G
STREET ADDRESS	799 VIOLET
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	V <input type="checkbox"/> Delete
NAME	THOMPSON, DAVID R
STREET ADDRESS	9433 BUCK HAVEN TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32312-4102
TITLE	V <input checked="" type="checkbox"/> Delete
NAME	THOMPSON, BERTHA G
STREET ADDRESS	7589 PROCTOR RD
CITY-ST-ZIP	TALLAHASSEE, FL 00000
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	9433 Buck Haven Trail
CITY-ST-ZIP	Tallahassee, FL 32312-4102
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: David R. Thompson 3/20/01 850-668-0714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)