

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642287

1. Entity Name

J.H. THOMPSON PROPERTIES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90013 031 ***150.00

Principal Place of Business

720 N. INDIANA AVE.
ENGLEWOOD FL 34223
US

Mailing Address

720 N. INDIANA AVE.
ENGLEWOOD FL 34223-2708
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 59-1978473

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, JAMES H
712 N INDIANA AVE
ENGLEWOOD FL 34223

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PVST	BREWER P.A., GLEN C	13514 BENETT DR.	PORT CHARLOTTE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
	PST	JAMES H. THOMPSON	712 N INDIANA AVE	ENGLEWOOD, FL.	34223	
	V	BREWER P.A., GLEN C	13514 BENNETT DR	PORT CHARLOTTE, FL	33981	

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

Glen C. Brewer PA

Date

4/14/00

Daytime Phone #

941-474-7447

CR2E034 (9/99)