

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 642287

1. Entity Name  
J.H. THOMPSON PROPERTIES, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90117 020 \*\*\*150.00

Principal Place of Business

720 N. INDIANA AVE.  
ENGLEWOOD FL 34223  
US

Mailing Address

720 N. INDIANA AVE.  
ENGLEWOOD FL 34223  
US

00022981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

712 N INDIANA AVE

Suite, Apt. #, etc.

3. Mailing Address

712 N INDIANA AVE

Suite, Apt. #, etc.

City & State

ENGLEWOOD, FL.

City & State

ENGLEWOOD, FL.

4. FEI Number 59-1978473

Applied For

Not Applicable

Zip  
34223

Country  
US

Zip  
34223

Country  
US

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BREWER P.A., GLEN C  
13514 BENETT DR.  
PORT CHARLOTTE FL 33981 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
THOMPSON, JAMES H  
712 N INDIANA AVE  
ENGLEWOOD FL 34223 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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 H Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JAMES H Thompson

3-6-01

Date

941-474-7447

Daytime Phone #

CR2E034 (10/00)