

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 645041

1. Entity Name

THOMPSON PROPERTIES & INVESTMENTS, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90044 016 ***150.00

Principal Place of Business 2730 HWY US 1 S - UNIT N (32086) ST AUGUSTINE FL 32086	Mailing Address 2730 HWY US 1 S - UNIT N (32086) ST AUGUSTINE FL 32086
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2. Principal Place of Business 405 MADRUGA AVE Suite, Apt. #, etc.	3. Mailing Address 405 MADRUGA AVE Suite, Apt. #, etc. ST. AUGUSTINE FL
City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32086	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1979833	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMPSON, BARRY R 2730 HWY US 1, S.- UNIT N ST AUGUSTINE FL 32086	
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 Barry R. Thompson
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. ☐ **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	PD THOMPSON, BARRY R 2730 U.S. 1 SOUTH ST AUGUSTINE, FL 32086 → NEW	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. THOMPSON, BARRY R. 405 MADRUGA AVE ST. AUGUSTINE FL 32086 <input checked="" 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
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01 9047942535

Date

Daytime Phone #

CR2E034 (10/00)