

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90091 046 ***158.75

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DOCUMENT # 673479

1. Entity Name

THOMPSON AUTO REPAIR & ALIGNMENT, INC.

Principal Place of Business

**C/O MICHAEL FAREWELL
 1128 NE CLEVELAND ST
 CLEARWATER FL 34615**

Mailing Address

**C/O MICHAEL FAREWELL
 1128 NE CLEVELAND ST
 CLEARWATER FL 34615**

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

59-2001719

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

**FAREWELL, MICHAEL
 1128 N.E. CLEVELAND ST.
 CLEARWATER FL 33515**

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, 2002 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 ☐ Delete
 NAME **D FAREWELL, RALPH B.**
 STREET ADDRESS **1188 FALCON DRIVE**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE ☒ Change ☐ Addition
 NAME **1216 FALCON DR**
 STREET ADDRESS **DUNEDIN FLA 34698**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DSVP FAREWELL, CAROLYN A**
 STREET ADDRESS **1188 FALCON DRIVE**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE ☒ Change ☐ Addition
 NAME **1216 Falcon DR**
 STREET ADDRESS **Dunedin FLA 34698**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DPT FAREWELL, MICHAEL**
 STREET ADDRESS **1300 MERES BLVD**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☒ Change ☐ Addition
 NAME **1216 Falcon DR**
 STREET ADDRESS **Dunedin FLA 34698**
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael Farewell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/02
 Date

727-4462177
 Daytime Phone #

CR2E034 (9/01)