

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F52752

1. Entity Name

WM. M. THOMPSON ASSOCIATES, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90176 044 ***150.00

Principal Place of Business

7069 S TAMiami TRAIL, STE B
SARASOTA FL 34231

Mailing Address

7069 S TAMiami TRAIL, STE B
SARASOTA FL 34231-5559

2. Principal Place of Business

2523 Bayshore Road
Suite, Apt. #, etc.
Nokomis, Florida 34275

3. Mailing Address

2523 Bayshore Road
Suite, Apt. #, etc.
Nokomis, Florida 34275

City & State

City & State

4. FEI Number 59-2130473

Applied For

Not Applicable

Zip

Country

Sarasota

Zip

Country

Sarasota

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, WM M
7069 S TAMiami TRAIL, STE A
SARASOTA FL 34231

Name

Thompson, WM M.

Street Address (P.O. Box Number is Not Acceptable)

2523 Bayshore Road

City

Nokomis

FL

Zip Code

34275

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 *Wm M Thompson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
THOMPSON JR, WM M
2523 BAYSHORE RD.
NOKOMIS, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Wm M Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000
Date

941/923-7569
Daytime Phone #