## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 19, 2001 8:00 am Secretary of State DOCUMENT # F9700001816 THOMPSON INDUSTRIAL SERVICES, INC. 03-19-2001 90043 016 \*\*\*150.00 Mailing Address Principal Place of Business 279 PROGRESS STREET 279 PROGRESS STREET SUMTER SC 29153-5019 SUMTER SC 29153-5019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 57-0836917 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete THOMPSON, GREG A MARKE NAME STREET ADDRESS **4 CLUB CIRCLE** STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP SUMTER SC 29150 ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMPSON, LEWIS E NAME NAME STREET ADDRESS STREET ADDRESS RT 11 BOX 35 CITY-ST-ZIP CITY-ST-ZIP SUMTER SC 29150 Change Addition TITLE Delete TITLE Lardi, Marco G NAME NAME STREET ADDRESS STREET ADDRESS 4511 WAGON RUN CITY-ST-ZIP CITY-ST-ZIP MURRELLS INLET SC 29576 ☐ Addition ☐ Delete TITLE Change ST TITLE RENFROE, R.G. NAME NAME STREET ADDRESS STREET ADDRESS 279 PROGRESS ST CITY-ST-ZIP CITY-ST-ZIP SUMTER SC 29153-5019 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

al other like empowered.

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