

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # G36545**1. Entity Name
THOMPSON ELECTRICAL, INC.

Principal Place of Business 4365 OKKECHOBEE BLVD. STE B-10 W. PALM BEACH 33409 FL	Mailing Address 4365 OKKECHOBEE BLVD. STE B-10 W. PALM BEACH 33409 FL
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2. Principal Place of Business 1100 BARNETT DRIVE	3. Mailing Address 1100 BARNETT DRIVE
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Suite, Apt. #, etc. STE 56	Suite, Apt. #, etc. STE 56
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City & State LAKE WORTH FL	City & State LAKE WORTH FL
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Zip 33461	Country	Zip 33461	Country
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4. FEI Number 59-2300573	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTHOMPSON SANDRA B
6110 SEVEN SPRINGS BLVD.LAKE WORTH FL
33463 US**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 **SANDRA B THOMPSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/25/2001

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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	THOMPSON KATHLEEN	
STREET ADDRESS	944 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408	

TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON STEVEN M	
STREET ADDRESS	944 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	N. PALM BEACH FL 33408	

TITLE	S	<input type="checkbox"/> Delete
NAME	THOMPSON SANDRA B	
STREET ADDRESS	6110 SEVEN SPRINGS BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE	P	<input type="checkbox"/> Delete
NAME	THOMPSON PAUL D	
STREET ADDRESS	6110 SEVEN SPRINGS BLVD.	
CITY-ST-ZIP	LAKE WORTH FL 33463	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SANDRA B THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S

04/25/2001

Date

Daytime Phone #

CR2E034 (11/00)