

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09444

1. Entity Name
DELAY - THOMPSON & COMPANY FINANCIAL AND BUSINES ✓

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90208 033 ***550.00

Principal Place of Business
PARK CENTRE AT SOUTHPPOINT
4190 BELFORT RD SUITE 425
JACKSONVILLE FL 32216
US

Mailing Address
PO BOX 1909
PONTE VEDRA BEACH FL 32004-1909
US

2. Principal Place of Business
818 A1A N.
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 1909
 Suite, Apt. #, etc.

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

Zip Country
32082 St. Johns

Zip Country
32004-1909 St. Johns



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2659927** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

THOMPSON, JOSEPH A.
4190 BELFORT RD
SUITE 425
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Thompson, Joseph A.

Street Address (P.O. Box Number is Not Acceptable)
818 A1A N.

Suite 200
 City
Ponte Vedra Beach FL Zip Code
32082

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 **Joseph A. Thompson, President** **8/8/2000**
Signature of person 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JOSEPH A.	
STREET ADDRESS	4190 BELFORT RD STE 425	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELAY, JAMES F.	
STREET ADDRESS	4190 BELFORT RD STE 425	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph A. Thompson	
STREET ADDRESS	818 A1A N., Suite 200	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James F. DeLay	
STREET ADDRESS	818 A1A N., Suite 200	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
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		
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 **SIGNATURE REQUIRED**

Joseph A. Thompson, President (904) 296-2563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #