

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90197 043 ***150.00

DOCUMENT # K10393

1. Entity Name
TBR PROPERTIES, INC.



Principal Place of Business
**93 ORANGE ST
SUITE A
ST. AUGUSTINE FL 32084
US**

Mailing Address
**% PIERRE D. THOMPSON
P.O. DRAWER 70
ST. AUGUSTINE FL 32085**



2. Principal Place of Business
1301 PLANTATION ISLAND DR.

3. Mailing Address

Suite, Apt. #, etc.
SUITE 206B

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL

City & State

Zip Country
32080 USA

Zip Country

4. FEI Number
59-2869118

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, PIERRE D.
93 A ORANGE STREET
ST. AUGUSTINE FL 32084**

Name **THOMPSON, PIERRE D.**
Street Address (P.O. Box Number is Not Acceptable)
**1301 PLANTATION ISLAND DRIVE
SUITE 206B**
City **ST. AUGUSTINE, FL** Zip Code **32080**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **THOMPSON, PIERRE D.**
CITY-ST-ZIP **206 PELICAN REEF DRIVE
ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RUNK, A. H.**
CITY-ST-ZIP **61 DOLPHIN DRIVE
ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete
NAME **DST**
STREET ADDRESS **BAILEY, JOHN D.**
CITY-ST-ZIP **47 AVISTA CIRCLE
ST. AUGUSTINE FL 32080**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pierre D. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERRE D. THOMPSON

904-471-4800

Date

Daytime Phone #

CR2E034 (10/02)