

# 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

4. FEI Number **59-2869118**

Applied For  
Not Applicable

Zip  
32080

Country  
USA

Zip

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	DP	<input type="checkbox"/> Delete
NAME	THOMPSON, PIERRE D.	
STREET ADDRESS	206 PELICAN REEF DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUNK, A. H.	
STREET ADDRESS	61 DOLPHIN DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAILEY, JOHN D.	
STREET ADDRESS	47 AVISTA CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
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		

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

CR2E034 (10/02)