LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _L04000043339_

1. Entity Name
BART A. THOMPSON DRYWALL SERVICES, LLC

DO NOT WRITE IN THIS SPACE

20045006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MOBILE

Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip | Country
ORANGE

3. Mailing Address
BART A. THOMPSON DRYWALL SERVICES, LLC

Suite, Apt. # etc.
P.O. BOX 606

City & State
CHRISTMAS, FL

Zip _32709_ | Country _USA_

4. FEI Number _55-0869992_ | Applied For / Not Applicable

5. Certificate of Status Desired ☒ | **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name _BART A. THOMPSON_

Street Address (P.O. Box Number is Not Acceptable)
15540 LARKSPUR ST

City _ORLANDO_ | FL | Zip Code _32828-5377_

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]_ / _BART A. THOMPSON_ Date _4/20/05_

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE _MGR_	TITLE
NAME _BART A. THOMPSON_	NAME
STREET ADDRESS _15540 LARKSPUR ST_	STREET ADDRESS
CITY-ST-ZIP _ORLANDO, FL 32828-5377_	CITY-ST-ZIP
TITLE	TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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CR2E083B (12/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _[signature]_ / _BART A. THOMPSON_   _4/20/05_   _(407) 493-2419_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #