

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57899

1. Entity Name

RICHARD L. THOMPCKINS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90111 044 ***150.00

Principal Place of Business

Mailing Address

1752-2 PARK MEADOWS DR.
FT MYERS FL 33907
US

1725-2 PARK MEADOWS DR
FT. MYERS FL 33904-5053
US

2. Principal Place of Business

1931 SAVONA PKWY.

Suite, Apt. #, etc.

3. Mailing Address

1931 SAVONA PKWY.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

4. FEI Number

65-0184314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECKERTY, THOMAS G.
12734 KENWOOD LANE
SUITE 89
FT. MYERS FL 33907

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 RICHARD L. THOMPCKINS, PRES.

Signature, typed 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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME THOMPCKINS, RICHARD L.
STREET ADDRESS 1725-2 PARKMEADOW DR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☒ Change ☐ Addition
NAME 1931 SAVONA PKWY.
STREET ADDRESS CAPE CORAL, FL 33904
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: RICHARD L. THOMPCKINS, PRES 3/6/00 (941) 545-5378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)