

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000200

1. Entity Name

HUGH L. THOMPSON, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18

Principal Place of Business

2728 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952-2866

Mailing Address

2728 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952-2866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3501297

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, HUGH L
2728 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32952-2866

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME THOMPSON, HUGH L
STREET ADDRESS 2728 NEWFOUND HARBOR DR
CITY-ST-ZIP MERRITT ISLAND FL 32952-2866

TITLE MGRM
NAME THOMPSON, PATRICIA
STREET ADDRESS 2728 NEWFOUND HARBOR DR
CITY-ST-ZIP MERRITT ISLAND FL 32952-2866

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003127111--5
-02/08/00--01049--019
*****55.00 *****55.00

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *HUGH L. THOMPSON*
PATRICIA A. THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/22/00 321-452-7045
Date Daytime Phone #