

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -2 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L98000004-850**

1. Entity Name

**Thompson & Reed, L.L.C.**

Principal Place of Business

Mailing Address

**2605 Maitland Center Parkway  
Ste. E  
Maitland, FL 32751**

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

**59-3080549**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**MJH**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**Rutledge M. Bradford  
2605 Maitland Center Parkway  
Ste. E  
Maitland, FL 32751**

Name **Paul M. Thompson**  
Street Address (P.O. Box Number is Not Acceptable)  
**2605 Maitland Center Parkway  
Ste. E  
Maitland FL 32751**

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

*Paul M. Thompson*

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

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Partner (MGRM) Paul M. Thompson 2605 Maitland Center Pkwy, Ste E Maitland, FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Partner (MGRM) Rutledge M. Bradford 2605 Maitland Center Pkwy, Ste E Maitland, FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**300003995973--6**  
**-04/13/01--01011--019**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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:

*Paul M. Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)