FILED
Aug 13, 2002 8:00 am
Secretary of State
06-19-2002 90929 025 ***150.00

6/19/2002-90929

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010322

1. Entity Name: Joe Thompson Splicing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1011 NE 122nd St		1011 NE 122nd St	
Suite, Apt. #, etc. Ocala Fl 34479		Suite, Apt. #, etc. Ocala Fl 34479	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3621391 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Joseph A Thompson
Street Address (P.O. Box Number is Not Acceptable): 1011 NE 122nd St
City: Ocala FL Zip Code 34479

DO NOT WRITE IN THIS SPACE

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] 8/4/02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D P Thompson, Joseph A 1011 NE 122nd St Ocala Fl 34479	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DP [signature] 7-24-02
Signature and typed or printed name of signing officer or director — Date

Attachment #
Document #
P000000 10322

[redacted]

41134

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

June 13, 2002

To Whom It May Concern,

Hi, I am writing to request that you wave the penalty charge due to the fact we did not receive a UBR in the mail. We know now that it is suppose to be sent in January and we need to request one if we do not receive it in the mail before May 1.

Sincerely,

Lisa Thompson

Lisa Thompson
Contract Administrator

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Thank you