

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029349

1. Entity Name

Thompson Enterprises of Bay County, Inc.

FILED

02 DEC 11 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3949 Cedar Bluff Road

Suite, Apt. #, etc.

City & State  
Southport, FL

Zip  
32409

Country

3. Mailing Address

P. O. Box 8412

Suite, Apt. #, etc.

City & State  
Southport, FL

Zip  
32409

Country  
USA

300009463993

12/11/02--01025--007 \*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3622301

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael S. Thompson

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

3949 Cedar Bluff Road

City  
Southport

FL

Zip Code  
32409

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

(NOTE: Registered Agent signature required when reinstating)

DATE

600009150116

11/21/02--01064--011 \*\*158.75

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  
P/D  
Michael S. Thompson  
3949 Cedar Bluff Road  
Southport, FL 32409

TITLE  
NAME  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Please note new BUSINESS  
Address

PO Box 8412  
Southport, FL.  
32409

# NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY	
Effective/Issue Date:	
Expiration Date:	
Control Number:	
Postmark Date:	OCT 15 2002
Received Date:	OCT 16 2002

I am applying for exemption as a (check only one box in this section):

**CONSTRUCTION INDUSTRY ( \$ 50.00 FEE REQUIRED)**

☐ Sole Proprietor ☐ Partner ☐ Corporate Officer (your corp. title: \_\_\_\_\_) -OR-

**NON-CONSTRUCTION INDUSTRY ( NO FEE REQUIRED)**

☒ Corporate Officer (your corp. title: President)

**CORPORATE OFFICERS AND PARTNERS:** List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): P00000029349

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON, STATE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name: <u>Thompson Enterprises of Bay Co. Inc.</u>		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address: <u>3949 Cedar Bluff Rd</u>		City: <u>Sanford</u>	State: <u>FL</u>
County: <u>BAY</u>	Phone No.: <u>(850) 833-2243</u>	Nature of Business: <u>Grounds Maint.</u>	FEIN: <u>59-3622391</u>
Unemployment Compensation Tax No:	Date Business Established: <u>02/22/00</u>	No. of Employees: <u>0</u>	
Are you required to be registered or certified pursuant to Chapter 489, F. S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes			

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? ☒ No ☐ Yes:

**YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE**

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? ☒ NO ☐ YES list the name of all other businesses in which you are employed:

Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? ☒ No ☐ Yes, You must attach tax records. See instruction sheet for details.

**AFFIDAVIT OF APPLICANT:** I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

MICHAEL S. THOMPSON 422 02 4922 01 15 64  
TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION SOCIAL SECURITY NO. mo. day yr.  
Michael S Thompson 10 03 02  
APPLICANT'S SIGNATURE DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Bay

Sworn to and subscribed before me this 3rd day of October, 2002, by Michael S. Thompson

Personally Known ☒ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

Timothy W. Downs

