

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033445

1. Entity Name

THOMPSONS AIR CONDITIONING, ICN.

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90211 018 ***550.00

Principal Place of Business

Mailing Address

19508 N.W. MIDWAY BOULEVARD
PORT CHARLOTTE FL 33948

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PORT CHARLOTTE FL 33948

A0076233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4280 -A JAMES ST

Suite, Apt. #, etc.

3. Mailing Address

4280 -A JAMES ST.

Suite, Apt. #, etc.

City & State

PT. CHARLOTTE, FL

City & State

PT. CHARLOTTE, FL.

4. FEI Number

52-2241697

Applied For

Not Applicable

Zip

33980

Country

CHARLOTTE

Zip

33980

Country

CHARLOTTE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, TIMOTHY
22577 LAIKA AVENUE
PORT CHARLOTTE FL 33952

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

Tim Thompson

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, 2001 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

TITLE VICE PRESIDENT ☒ Delete
NAME DENNIS THOMPSON
STREET ADDRESS 19508 N.W. MIDWAY BLVD.
CITY-ST-ZIP PT. CHARLOTTE, FL. 33948

TITLE SECRETARY ☒ Delete
NAME DENNIS THOMPSON
STREET ADDRESS 19508 N.W. MIDWAY BLVD.
CITY-ST-ZIP PT. CHARLOTTE, FL. 33948

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME ANNA THOMPSON
STREET ADDRESS 22577 LAIKA AVE.
CITY-ST-ZIP PT. CHARLOTTE, FL. 33952

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

TITLE ☐ Change ☐ Addition
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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:

Tim Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-01

Date

941-624-6000

Daytime Phone #

0537352

CR2E034 (10/00)