

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90004 016 ***150.00

DOCUMENT # P01000055486

1. Entity Name

THOMPSON MARINE SERVICES, INC.

Principal Place of Business

11917 NW 12TH STREET

PEMBROKE PINES FL 33026

Mailing Address

11917 NW 12TH STREET

PEMBROKE PINES FL 33026

2. Principal Place of Business

NORTHWEST

Suite, Apt. #, etc.

City & State

3. Mailing Address

C/O GRUBER AND ASSOCIATES, P.A.

Suite, Apt. #, etc.

1650 Southeast 17th Street, #301

City & State

FORT LAUDERDALE, FL

P.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1116832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, WAYNE D

11917 NW 12TH STREET

PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

D.

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

NORTHWEST

City

FL

Zip Code

33026-3874

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

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, 2002 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 D
 NAME THOMPSON, WAYNE D.
 STREET ADDRESS 11917 NW 12TH STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33026 - 3874

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/2002 954-522-2222

CR2E034 (9/01)