

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000086917**

1. Entity Name

THOMSON TRIAL CONSULTANTS, INC.

Principal Place of Business

12288 165TH RD.
JUPITER FL 33478

Mailing Address

12288 165TH RD.
JUPITER FL 33478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1136836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMSON, CATHY B
12288 165TH ROAD
JUPITER FL 33478**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, CATHY B 12288 165TH RD. JUPITER FL 33478	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomson, Cathy B - 9-9-03 561-746-7729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8190800
AV

CR2E034 (4/03)

R. Maizel
MAIZEL & MAIZEL
ACCOUNTANTS
9360 Sunset Drive Suite 200
Miami, Florida 33173

90155774
P01000086917

Phone: 305-279-4713
Fax: 305-279-4758
Email: rmaizel@bellsouth.net

September 9, 2003

Divisions of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

RE: Thomson Trial Consultants, Inc
Document # P01000086917

We are the accountants for the above named corporation and am writing this letter in their behalf. We are asking the State of Florida to accept the enclosed check to pay for the filing fees necessary to keep this corporation active. The original form due, was never received. The enclosed form was the first one to be received and as such being sent in at this time.

Thank you for your attention in this matter.

Sincerely,

R. Maizel
Robert Maizel