

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90080 027 ***150.00

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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

Zip

Country

Zip

Country

4. FEI Number **65-1136836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. 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

TITLE **D** ☐ Delete
NAME **THOMSON, CATHY B**
STREET ADDRESS **12288 165TH RD.**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:


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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (4/03)


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

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

90155774
P 01000086917

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,


Robert Maizel