

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90743 013 \*\*\*150.00

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

DOCUMENT # *P02000077569*

1. Entity Name

WD Tompkins Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

16271 N Island Ct

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 758

Suite, Apt. #, etc.

90123188

DO NOT WRITE IN THIS SPACE

City & State  
Boca Grande, FL

City & State  
Boca Grande, FL

4. FEI Number  
59-2282992

Applied For  
Not Applicable

Zip  
33921

Country  
USA

Zip  
33921

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William D Tompkins

Street Address (P.O. Box Number is Not Acceptable)  
16271 N Island Ct

City Boca Grande FL Zip Code 33921

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
William D Tompkins  
16271 N Island Ct  
Boca Grande, FL 33921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
Rebecca D Tompkins  
16271 N Island Ct  
Boca Grande, FL 33921

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

*William D Tompkins*

William D Tomkins

4/30/03

941-953-3476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)