## `2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailino Address

TAMPA FL 33606

3. Mailing Address

City & State

Zio,

Suite, Apt. #, etc.

821 SOUTH WILLOW AVENUE

DOCUMENT # P02000104961

1. Entity Name

TAMPA FL 33606

Principal Place of Business

821 SOUTH WILLOW AVENUE

2. Principal Place of Business

THOMPSON, ANDREW M

Suite, Apt. #, etc.

City & State

THOMPSON DEVELOPMENT CORPORATION

Country

6. Name and Address of Current Registered Agent

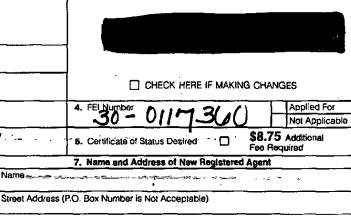


8/14

FILED Sep 17, 2003 8:00 am Secretary of State

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821 SOUTH WILLOW AVENUE TAMPA FL 33606 City 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE ☐ Change THOMPSON, ANDREW M NAME NAME STREET ADDRESS 821 SOUTH WILLOW AVENUE STREET ADDRESS CITY-ST-ZIP Tampa Fl 33606 CITY-ST-ZIP Change TITLE ☐ Delete □ Addition TITLE THOMPSON, MARCIA R NAME NAME STREET ADDRESS 821 SOUTH WILLOW AVENUE STREET ADDRESS CITY:ST-ZIP-TAMPA FL-33606 -CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE ☐ Celete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deteta ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country .\_\_

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 eath; that I am an officer or director of the corporation or the receiver or finales 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** 

SEGNATURE AND TYPED OR PRINTED NAME OF SEGNING OF FICER OR DIRECTOR

4/13/03

Daytime Phone #