

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

04-25-2003 90277 004 ***150.00

DOCUMENT # P02000107532

1. Entity Name
J.L. THOMPSON CARPENTRY, INC.



Principal Place of Business
**25458 RAMPART BLVD
PUNTA GORDA FL 33983**

Mailing Address
**PO BOX 496046
PORT CHARLOTTE FL 33949-6046**

55041111



2. Principal Place of Business
25458 Rampart Blvd
Suite, Apt. #, etc.

3. Mailing Address
PO Box 496046
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Punta Gorda Fla
Zip
33983
Country
Charlotte

City & State
Port Charlotte FLA
Zip
33949
Country
Charlotte

4. FEI Number
90-00 49069

Applied For
☐ Not Applicable

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

**THOMPSON, JAMES L
25458 RAMPART BLVD
PUNTA GORDA FL 33983**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT/DIRECTOR
CHAIRMAN
JAMES L. THOMPSON J.R.
25458 RAMPART BLVD PUNTA GORDA FL 33983

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: *James L. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 941-628 9555
Date Daytime Phone #

CR2E034 (10/02)