

FILED
Jun 09, 2003 8:00 am
Secretary of State

03-24-2003 90130 004 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P02000107598

1. Entity Name
ROBERT L. THOMPSON, INC.



Principal Place of Business
17888 N 133RD TRAIL
JUPITER FL 33478

Mailing Address
17888 N 133RD TRAIL
JUPITER FL 33478

55047229

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

54-2077485

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,
17888 N 133RD TRAIL
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

Robert L. Thompson

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

(NOTE: Registered Agent signature required when resigning)

3/19/03

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	Delete
	PRESIDENT			
	ROBERT L. THOMPSON	17888 N. 133rd Trail	JUPITER, FL 33478	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	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:

ROBERT L. THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

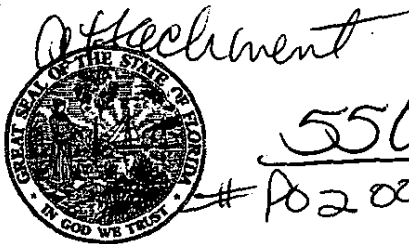
3/19/03

DATE

561-723-3603

Daytime Phone #

CR2E034 (10/02)



55047229

P02000107598

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 12, 2003

ROBERT L. THOMPSON, INC.
17888 N 133RD TRAIL
JUPITER, FL 33478

Subject: ROBERT L. THOMPSON, INC.

Reference Number: P02000107598

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JG

ANNUAL REPORTS SECTION

Dear Sir,
I realize this is being answered late but please forgive me. I have already returned an inquiry to you previously. My daughter, Rayne, was hospitalized for a serious condition & my paper work was neglected over worry for her. Thank you. Robert L Thompson

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

Robert L Thompson