

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

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 013 ***150.00

DOCUMENT # P 03000119943

1. Entity Name

Arnold E. Thompson Electric, Inc.



DO NOT WRITE IN THIS SPACE

40032188

2. Principal Place of Business
1307 N.W. 8th Ct.

Suite, Apt. #, etc.

3. Mailing Address
1307 N.W. 8th Ct.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
20-0403173

Applied For
Not Applicable

Zip
33426

Country
Plm Bch.Co.

Zip
33426

Country
Plm Bch.Co.

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
Dean, Henry, C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable)

251 N.E. Dixie Blvd.

City Delray Beach, FL Zip Code 33444

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 P.
NAME Nina L. Thompson
STREET ADDRESS 1307 N.W. 8th Ct.
CITY-ST-ZIP Boynton Bch, FL 33426

TITLE V.P.
NAME Arnold E. Thompson
STREET ADDRESS 1307 N.W. 8th Ct.
CITY-ST-ZIP Boynton Bch., FL 33426

TITLE V.P.
NAME Jeffrey A. Thompson
STREET ADDRESS 1307 N.W. 8th Ct.
CITY-ST-ZIP Boynton Beach, FL 33426

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Nina L. Thompson* (Nina L. Thompson)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/05 561 736-6661

Date

Daytime Phone #

CR2E034B (12/02)