

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P05609**

1. Entity Name

THOMPSON & BROCK MANAGEMENT, INC.

Principal Place of Business

**PO BOX 15249
PANAMA CITY FL 32406**

Mailing Address

**PO BOX 15249
PANAMA CITY FL 32406**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**COX, DONALD W.
2406 RUTH HENTZ AVE.
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTD			
	THOMPSON, GARY G.	5322 GLENEAGLES DR	TUCSON AZ	
	VSD			
	BROCK, ROMMIE H.	2639 FEROL LANE	LYNN HAVEN FL	
	C			
	COX, DONALD W.	3009 BRIARCLIFF RD	PANAMA CITY FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		1783 Sebring Hills Dr	Henderson, NV 89052	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald W. Cox

Date

Daytime Phone #

Controller 1-10-01 850/763-7659**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90036 029 ***150.00

701721

DO NOT WRITE IN THIS SPACE

4. FEI Number **48-0914649**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

CR2E034 (10/00)