

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0383085

DOCUMENT # P93000050791

1. Entity Name

THOMPSON SALES GROUP, INC.

05-17-2001 91283 043 ***150.00

Principal Place of Business

Mailing Address

2619 KATHERINE STREET
 SUITE 201
 FT MYERS FL 33901
 US

2619 KATHERINE STREET
 SUITE 201
 FT MYERS FL 33901
 US

C0066708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 Evans Ave

3. Mailing Address

2700 Evans Ave # 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0435188

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

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, WAYNE

~~2619 KATHERINE STREET~~

SUITE 201

FT MYRS FL 33901

2700 Evans Ave # 2

Ft. Myers, FL 33901

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **THOMPSON, WAYNE**
 STREET ADDRESS ~~2619 KATHERINE STREET #201~~
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2700 Evans Ave. # 2**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

5/1/01 941-332-0446

Date Daytime Phone #

CR2E034 (10/00)