2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400050996 1. Entity Name

THOMPSON BUILDERS, INC.

Principal Place of Business

Mailing Address

1411 N.E. 12TH PLACE CAPE CORAL FL 33909 1411 N.E. 12TH PLACE CAPE CORAL FL 33909-1402

		GAPE CORAL FL 33909-1402 3. Mailing Address Suite, Apt. #, etc. City & State 4.			U • •			
				-				
					DO NOT WRITE IN THIS SPACE			
				4.	4. FEI Number 65-0517149 Applied			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Addition	Applicable onal	
	6. Name and Address of Current I	Registered Agent		7. /	Name and Address of New Registered			
			Name					
THOMPSON, DAVID N 1411 N.E. 12TH PLACE CAPE CORAL FL 33909			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	L Zip Code		
SICNIATI IDE	named entity submits this statement for Signature, typed or printed name of registered agent a		registered office or regis					
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	:: Hegistered Agent signature requ	ilieo when is	emstamg)			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.	\$5.00 Added to		
11.	OFFICERS AND I	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS I	N 11	
TITLE NAME	PC THOMPSON, DAVID N	☐ Delete	TITLE NAME				Addition	
STREET ADDRESS CITY-ST-ZIP	1411 N.E. 12TH PLACE CAPE CORAL FL 3390	7	STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	VPD THOMPSON, SUE A. 1411 NE 12 PL CAPE CORAL FL 3 3 90	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, TIFFINI A. 1411 NE 12 PL CAPE CORAL FL 33 904	- Delete .	NAME STREET ADDRESS CITY-ST-ZIP	~		. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, JODI E. 1411 NE 12 PL CAPE CORAL FL 33909	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ν,	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SJ-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Celete	TITLE NAME STREET ADDRESS			☐ Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 4/26/00 (941) 772-110/

FILED

May 09, 2000 8:00 am Secretary of State

05-09-2000 90044 022 ***150.00

;R2E034 (9/99)