

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053173

1. Entity Name

THOMPSON SERVICES OF FLORIDA, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90117 019 ***150.00

Principal Place of Business

Mailing Address

SAN JOSE BLVD
SAN JOSE FL 32257

2621 ROSEWOOD CT
ORANGE PARK FL 32065-6288

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

59-3258156

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

HEAD, KOKO
2970 HARTLEY ROAD, SUITE 104
JACKSONVILLE FL 32257

Name

KEITH GREEN

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

1620 EMERSON STREET

City

JACKSONVILLE

FL

Zip Code
32207

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

Keith Green

KEITH GREEN

DATE

1-12-2000

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, ANGELA S	
STREET ADDRESS	285 CROOKED RIDGE CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMPSON, RICHARD C	
STREET ADDRESS	285 CROOKED RIDGE CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	STD	<input type="checkbox"/> Delete
NAME	THOMPSON, CHARLES M	
STREET ADDRESS	2621 ROOSEWOOD CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMPSON, GERALDINE M	
STREET ADDRESS	2621 ROSEWOOD COURT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles M. Thompson

CHARLES M THOMPSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/00

Daytime Phone #

CR2E034 (9/99)