

2002 UNIFORM BUSINESS REPORT (UBR)

05-14-2002 90492 001 ***150.00

DOCUMENT # **P94000074686**

FILED

1. Entity Name

BLACKWELL THOMPSON INCORPORATED

02 MAY 14 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1605 YATES DRIVE
MERRITT ISLAND FL 32952

1605 YATES DRIVE
MERRITT ISLAND FL 32952



2. Principal Place of Business

3. Mailing Address

3103 N.W.A CT
Suite, Apt. #, etc.

3103 N.W.A CT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

MERRITT ISLAND, FL

MERRITT ISLAND, FL

Zip 32953

Country USA

Zip 32953

Country USA

4. FEI Number

59-3273736

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

THOMPSON, RICHARD A
1605 YATES DRIVE
MERRITT ISLAND FL 32952

Name RICHARD A. THOMPSON
Street Address (P.O. Box Number is Not Acceptable)

3103 N.W.A CT

City MERRITT ISLAND FL Zip Code 32953

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, 2002 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 PT
NAME BLACKWELL-THOMPSON, J.C.
STREET ADDRESS 1605 YATES DRIVE
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

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

TITLE VP
NAME THOMPSON, RICHARD A
STREET ADDRESS 1605 YATES DRIVE
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ 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 807, 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

Date

Daytime Phone #

4/22/02 321 853-4626

CR2E034 (9/01)