

2001 UNIFORM BUSINESS REPORT (UBR)

1/11/01-5

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-11-2001 90041 036 ***150.00

DOCUMENT # P96000012290

1. Entity Name
ISAAC K.A. THOMPSON, MD, P.A.

Principal Place of Business

Mailing Address

**5130 LINTON BLVD
D4 & D5
DELRAY BEACH FL 33484**

**PO BOX 7107
STE 4015D
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

P.O. Box 7107

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH

4. FEI Number **65-0637158**

Applied For

Not Applicable

Zip

Country

FL 33482

Country

PAVM BEACH

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

Name

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

City

FL

Zip Code

**THOMPSON, ISSAC
726 PINE CLUB LANE
WELLINGTON FL 33414**

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. ☐

**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 **P** ☐ Delete
NAME **THOMPSON, ISAAC K.**
STREET ADDRESS **726 PINE CLUB LANE**
CITY-ST-ZIP **WELLINGTON FL 33414**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (1/00)