

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90034 006 ***150.00

DOCUMENT #

1. Entity Name

William de Forest Thompson, Jr, P.A.



DO NOT WRITE IN THIS SPACE

44008766

2. Principal Place of Business

1422 Hendry Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

~~302~~ SAME

City & State

Fort Myers Florida

City & State

SAME

4. FEI Number

59-34 50864

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

-7. Name and Address of Current Registered Agent

Name

William de Forest Thompson, Jr.

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

1422 Hendry Street # 302

City

Fort Myers

FL

Zip Code

33901

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
William de F. Thompson, Jr.
1422 Hendry Street #302
Fort Myers, FL 33901

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/04

Daytime Phone #

CR2E034B (12/02)