

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90996 023 \*\*\*150.00

DOCUMENT # **P96000-88902**

1. Entity Name  
**ANALYSIS SERVICES INC.**

Principal Place of Business Mailing Address  
**4308 W. SYLVAN RAMBLE ST (SAME)**  
**TAMPA, FL 33609-4316**

**LUUJ3542**

2. Principal Place of Business 3. Mailing Address  
**4308 W. SYLVAN RAMBLE ST. 4308 W. SYLVAN RAMBLE ST.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**TAMPA, FL TAMPA, FL 59-3409957 Not Applicable**  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
**33609-4316 USA 33609-4316 USA Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**I. CLAY THOMPSON JR I. CLAY THOMPSON JR**  
**4308 W. SYLVAN RAMBLE ST. Street Address (P.O. Box Number is Not Acceptable)**  
**TAMPA, FL 33609-4316 4308 W. SYLVAN RAMBLE ST.**  
 City City **TAMPA FL** Zip Code **33609**

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 **I. Clay Thompson Jr, Pres.** DATE **4/15/01**  
 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. ☐ **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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>I. CLAY THOMPSON JR</b>		NAME		
STREET ADDRESS	<b>4308 W. SYLVAN RAMBLE ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33609-4316</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **I. Clay Thompson Jr** I. CLAY THOMPSON JR 4/15/01 (813)287-2472  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)