

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104224

1. Entity Name
THE THOMPSON ZOO, INC.Principal Place of Business
34825 LA PLACE COURT
EUSTIS FL 32736-9298Mailing Address
34825 LA PLACE COURT
EUSTIS FL 32736-9298

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 59-3370915 Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, MELISSA S
34825 LA PLACE COURT
EUSTIS FL 32736-92987. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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) DATE9. 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 State10. Election: Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

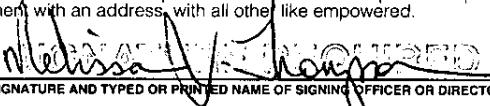
11. OFFICERS AND DIRECTORS

TITLE D Delete
NAME THOMPSON, MELISSA S
STREET ADDRESS 34825 LA PLACE COURT
CITY-ST-ZIP EUSTIS FL 32726-9298

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02

407-585-2556

Date

Daytime Phone #

CR2E034 (9/01)

1265.00