

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000012770**1. Entity Name  
RHODALINE N. FRANCE THOMPSON, INC.

Principal Place of Business	Mailing Address
12230 FOREST HILL BLVD	12230 FOREST HILL BLVD
STE 110 H	STE 110 H
WELLINGTON FL	WELLINGTON FL
33414	33414

2. Principal Place of Business	3. Mailing Address
507 N. DIXIE HIGHWAY	507 N. DIXIE HIGHWAY

Suite, Apt. #, etc.	Suite, Apt. #, etc.
UNIT ONE	UNIT ONE

City & State	City & State
LAKE WORTH FL	LAKE WORTH FL

Zip	Country	Zip	Country
33460		33460	

4. FEI Number	Applied For
65-0729817	Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

THOMPSON RHODALINE N FR  
12230 FOREST HILL BLVD STE 110 H  
  
WELLINGTON FL  
33414

**7. Name and Address of New Registered Agent**

Name  
THOMPSON RHODALINE FPCEO  
Street Address (P.O. Box Number is Not Acceptable)  
507 N. DIXIE HIGHWAY  
  
UNIT ONE  
City  
LAKE WORTH FL Zip Code  
33460

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 **RHODALINE N. FRANCE THOMPSON****04/25/2001**

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, 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**

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	THOMPSON RHODALINE N FR	
STREET ADDRESS	12230 FOREST HILL BLVD STE 110 H	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON RHODALINE N FR	
STREET ADDRESS	507 N. DIXIE HIGHWAY, UNIT ONE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** Rhodaine N. France Thompson

PCEO 04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)