## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000048324 THOMPSON DESIGN AND CONSULTING CORPORATION 建 化化二氯化乙 Mailing Address Principal Place of Business 2155 S OCEAN BLVD 2155 S OCEAN BLVD DELRAY BEACH FL 33483-6452 DELRAY BEACH FL 33444 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country Zip 6. Name and Address of Current Registered Agent Name THOMPSON, DONALD W Street Address (P.O. Box Number is Not Acceptable) 2155 SOUTH OCEAN BOULEVARD **DELRAY BEACH FL 33444**

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

THOMPSON, DONALD V

**DELRAY BEACH FL 33444** 

2155 S:OCEAN BLVD

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

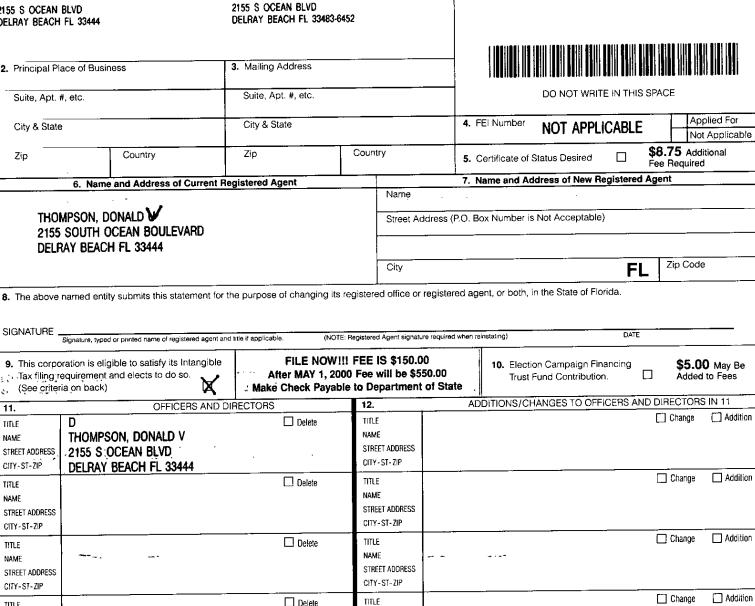
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

## FILED Feb 01, 2000 8:00 am Secretary of State

02-01-2000 90097 029 \*\*\*150.00



13. I hereby certify that the information supplied with this filling 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 trusted 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.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7/P

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

... Make Check Payable to Department of State

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAR OF OCH OR DIRECTOR

Change

☐ Change

Addition

Addition