2G01 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOEUMENT # P97000076781 THOMPSON, MOHR & ASSOCIATES, INC. 05-04-2001 90138 036 ***150.00 Principal Place of Business Mailing Address P. O. BOX 1497 1975 ORANGE COURT **DUNEDIN FL 34697** PALM HARBOR FL 34683 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3494444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THOMPSON, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 1975 ORANGE COURT PALM HARBOR FL 34683 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE THOMPSON, RICHARD E NAME 1975 ORANGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL 34683 CITY-ST-ZIE TITLE Change Addition ☐ Delete TITLE THOMPSON, JOAN B NAME NAME 1975 ORANGE COURT STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE: XMALL TARMER ALCHARD E. THO IMPSON 4/25/01 787-1939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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