

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90883 028 ***150.00

DOCUMENT # **P98000005520** ✓

1. Entity Name

Thompson's Computer Warehouse, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6306 Benjamin Rd

Suite, Apt. #, etc.

Ste 614

3. Mailing Address

6306 Benjamin Rd

Suite, Apt. #, etc.

Ste 614

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
TAMPA, FL

4. FEI Number

59-3486789

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Dan Thompson

Street Address (P.O. Box Number is Not Acceptable)

6304 Benjamin Rd

Ste 614

City

TAMPA

FL

Zip Code

33604

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**Thompson, Daniel C.
10 Birdsong Ct
Oldsmar FL 34677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
DANIEL C THOMPSON
2223 MUIRFIELD WAY
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

**813-886-1845
x108**

Date

Daytime Phone #

CR2E034B (12/01)