## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P98000051869** THOMPSON LAWN & LANDSCAPING SERVICES, INC. 01-25-2000 90108 031 \*\*\*150.00 Principal Place of Business Mailing Address 4629 ALBRITTON ROAD 4629 ALBRITTON ROAD ST. CLOUD FL 34771 ST. CLOUD FL 34772-7593 90088379 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3514896 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_ THOMPSON, DALE Street Address (P.O. Box Number is Not Acceptable) 4629 ALBRITTON ROAD ST. CLOUD FL 34771 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition THIF ☐ Delete TITLE THOMPSON, DALE NAME NAME **4629 ALBRITTON ROAD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL 34771 ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMPSON, RACHEL NAME NAME ALBRITTON STREET ADDRESS STREET ADDRESS 4629 ALBRITON RD CITY-ST-ZIP CITY-ST-ZIP ST CLOUD FL 34771 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME ٠, ب STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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: