

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90048 036 ***150.00

DOCUMENT # P98000051869

1. Entity Name
THOMPSON LAWN & LANDSCAPING SERVICES, INC.

Principal Place of Business
6200 BASS HIGHWAY
ST. CLOUD FL 34771

Mailing Address
4629 ALBRITTON ROAD
ST. CLOUD FL 34771

DUU4J000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6200 BASS Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St. Cloud, FL

4. FEI Number **59-3514896**

Applied For

Not Applicable

Zip

Country

Zip

Country

34771

Osceola

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMPSON, DALE
4629 ALBRITTON ROAD
ST. CLOUD FL 34771

Name **DALE THOMPSON**

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

6200 BASS HWY

City **St. Cloud**

FL

Zip Code **34771**

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
THOMPSON, DALE
STREET ADDRESS **6200 BASS HIGHWAY**
CITY-ST-ZIP **ST. CLOUD FL 34771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
THOMPSON, RACHEL
STREET ADDRESS **6200 BASS HIGHWAY**
CITY-ST-ZIP **ST CLOUD FL 34771**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Rachel Thompson** **Rachel Thompson** 3/8/02 4079576503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)