

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000086954**

Entity Name
THOMPSON ENTERPRISES, INC.

FILED
Sep 10, 2002 8:00 am
Secretary of State

08-27-2002 90116 036 ***550.00

Principal Place of Business

3500 DEWEY ROSE LANE
CANTONMENT FL 32533

Mailing Address

3500 DEWEY ROSE LANE
CANTONMENT FL 32533

1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3536179**

Applicable For
Not Applicable

Zip

Country

Zip

Country

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

LIBERIS, CHARLES S
1610 BARRANCAS AVE.
PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating.)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PRESTON 3500 DEWEY ROSE LANE CANTONMENT FL 32533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CONNIE 3500 DEWEY ROSE LANE CANTONMENT FL 32533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Thompson

8/22/02

438-6993

CR2E034 (4-02)

Attachment
42451
#P98000086954

EMERALD COAST FINEST PRODUCE CO.

257 AMBER ST.
PENSACOLA, FL 32503
850-438-6993

1ST. AMERICAN BANK
PENSACOLA, FL 32505

7671

63-1100/632

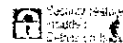
8/22/2002

\$ **550.00

DEPARTMENT OF STATE

Five Hundred Fifty and 00/100*****

DOLLARS



DEPARTMENT OF STATE

P. O. BOX 1500

TALLAHASSEE, FL. 32302-1500

FEI # 59-3536179 THOMPSON ENTERPRISES, INC.

MP

⑈00767⑈ ⑈06321100⑈

0100942⑈

EMERALD COAST FINEST PRODUCE CO.

7671

DEPARTMENT OF STATE

8/22/2002

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
08/22/2002	Bill	86954-AUG	550.00	550.00		550.00
					Check Amount	550.00

FIRST AMERICAN CHE FEI # 59-3536179 THOMPSON ENTERPRISES, INC.

550.00

EMERALD COAST FINEST PRODUCE CO.

7671

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