## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

Principal Place of Business

ROYAL PALM BEACH FL 33411

2. Principal Place of Business

1764 ANNANDALE CIR

Suite, Apt. #, etc.

City & State

P99000006483

Mailing Address

3. Mailing Address

164 Suite, Apt. #, etc.

SUITE 205

1764 ANNANDALE CIR

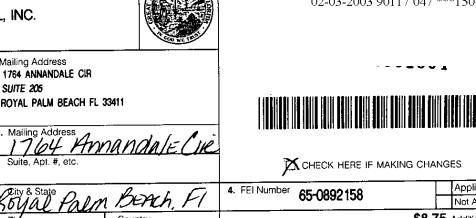
1. Entity Name

THOMPSON & THOMPSON FINANCIAL, INC.



## FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90117 047 \*\*\*150.00



\$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 8000 PETERS ROAD PLANTATION FL 33324

or registered agent, or both, in the State of Florida. I am familiar with, and accept 84. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 I - OFFICERS AND DIRECTORS 11. 10. E034 (10/02) Change Addition Delete TITLE TITLE THOMPSON, SHELLY M NAME NAME STREET ADDRESS 1746 ANNANDALE CIR STREET ADDRESS **ROYALPALM BEACH FL 33411** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Defete NAME NAME

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information Thereby certify that, the miorination supplied with this mining does not quality for the exemption stated in Section 113.07(3)(f), Frontia Statutes. I further event that most directly indicated on this report or suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED

Daytime Phone