

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM****Secretary of State****DOCUMENT # P99000006610**1. Entity Name
THOMPSON, CRAWFORD & SMILEY, P.A.

Principal Place of Business 2868 REMINGTON GREEN CIR., STE. B TALLAHASSEE FL 32308	Mailing Address 2868 REMINGTON GREEN CIR., STE. B TALLAHASSEE FL 32308
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3552923

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTHOMPSON THOMAS A
2868 REMINGTON GREEN CIR., STE. BTALLAHASSEE FL
32308 US**7. Name and Address of New Registered Agent**Name
THOMPSON THOMAS RStreet Address (P.O. Box Number is Not Acceptable)
2868 REMINGTON GREEN CIR., STE. BCity
TALLAHASSEE FL Zip Code
32308

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 **THOMAS R. THOMPSON****03/28/2001**

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, 2001 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**

TITLE D	<input type="checkbox"/> Delete
NAME SMILEY SCOTT W	
STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B	
CITY-ST-ZIP TALLAHASSEE FL 32308	

TITLE D	<input type="checkbox"/> Delete
NAME CRAWFORD WILLIAM H	
STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B	
CITY-ST-ZIP TALLAHASSEE FL 32308	

TITLE D	<input type="checkbox"/> Delete
NAME THOMPSON THOMAS R	
STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B	
CITY-ST-ZIP TALLAHASSEE FL 32308	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas R. Thompson

D

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)