

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90038 009 ***150.00

DOCUMENT # P99000006610

1. Entity Name
THOMPSON, CRAWFORD & SMILEY, P.A.

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

2. Principal Place of Business **3. Mailing Address**
1330 Thomasville Rd **1330 Thomasville Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Tallahassee FL **Tallahassee FL**
Zip **Country** **Zip** **Country**
32303 **Leon** **32303** **Leon**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMPSON, THOMAS R 2868 REMINGTON GREEN CIR., STE. B TALLAHASSEE FL 32308		Name Thompson Thomas R. Street Address (P.O. Box Number is Not Acceptable) 1330 Thomasville Rd City Tallahassee FL Zip Code 32303	

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 Tom R. Thayer 1/29/02
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME THOMPSON, THOMAS R STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME Thompson, Thomas R STREET ADDRESS 1330 Thomasville Rd CITY-ST-ZIP Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME CRAWFORD, WILLIAM H STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME Crawford, William H STREET ADDRESS 1330 Thomasville Rd. CITY-ST-ZIP Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME SMILEY, SCOTT W STREET ADDRESS 2868 REMINGTON GREEN CIR., STE. B CITY-ST-ZIP TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D NAME Smiley, Scott W. STREET ADDRESS 1330 Thomasville Rd. CITY-ST-ZIP Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: STC Thompson 1/29/02 850 386-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)