

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027683

1. Entity Name

G.R. THOMPSON & ASSOCIATES, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90083 011 ***150.00

Principal Place of Business

Mailing Address

66 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

66 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931-2904

2. Principal Place of Business

3. Mailing Address

2805 N. Hwy A1A

2805 N. Hwy A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

apt 604

apt 604

City & State

City & State

Indianapolis Florida

Indianapolis Florida

Zip

Country

32903

Broward

Zip

Country

32903

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

59-3564351

Not Applicable

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, GARY R
66 NORTH ATLANTIC AVENUE
COCOA BEACH FL 32931

Name

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

2805 N Hwy A1A

apt 604

City

Indianapolis

FL

Zip Code

32903

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

Mary R Thompson

Gary R Thompson

4-27-2000

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, GARY R	
STREET ADDRESS	66 NORTH ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Thompson, Gary R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Gary R	
STREET ADDRESS	2805 N Hwy A1A apt 604	
CITY-ST-ZIP	Indianapolis Fla 32903	
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		
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:

GARY R THOMPSON

Gary R Thompson

Date

Daytime Phone #

321-777320

4-27-2000