FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P99000033286 GEORGE E. THOMPSON DEVELOPMENTS, INC. 04-12-2001 90159 048 \*\*\*158.75 Principal Place of Business Mailing Address 331 SOUTH 12TH ST. 331 SOUTH 12TH ST. FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address 31 S. 12th Street Suite, Apt. #, etc. 331 S. 12th Street 331 S. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number. 59-3593056 Applied For Fernandina Beach, Fernandina Bch., FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32034 U.S.A £32034 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMONS, EVETT L Street Address (P.O. Box Number is Not Acceptable) 145 N.W. CENTRAL PARK PLAZA STE. 200 PORT ST. LUCIE FL 34986 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE TITLE Delete THOMPSON, GEORGE E NAME NAME STREET ADDRESS 331 SOUTH 12TH ST. STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE THOMPSON, MARY E NAME NAME STREET ADDRESS 331 SOUTH 12TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE Addition ŤIŤLE ☐ Delete MORRIS, PAULA E NAME NAME STREET ADDRESS 1204 FIR STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition MITCHELL, VELMA D NAME NAME **PO BOX 373** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32035-0373 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS 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.