2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90037 009 ***150.00

DOCUMENT # P99000076300

1. Entity Name
THOMPSON WELL & PUMP, INC.

Principal Place of Business	Mailing Address
1995 LARCHMONT DR. DELAND FL 32724	1995 LARCHMONT DR. DELAND FL 32724-8324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1995 LARCHMONT DR.	3. Mailing Address: 1995 LARCHMONT DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND	City & State: FL.
Zip: 32724 Country: USA	Zip Country

4. FEI Number: 59-3611448 ☐ Applied For ☐ 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, JERRY JR 1995 LARCHMONT DR. DELAND FL 32724	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 [signature] Jerry E Thompson JR. 3-22-00
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	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Jerry E Thompson JR.	NAME	
STREET ADDRESS	1995 LARCHMONT DR.	STREET ADDRESS	
CITY-ST-ZIP	Deland FL 32724	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Beth Thompson	NAME	
STREET ADDRESS	1995 LARCHMONT DR.	STREET ADDRESS	
CITY-ST-ZIP	DeLand FL 32724	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] Jerry E Thompson JR 3-22-00 407-619-2523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #