

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S36320**

1. Entity Name
R.M. THOMPSON CO.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90022 044 ***150.00

Principal Place of Business
**1230 SOUTH MYRTLE AVENUE SUITE 203
STE 301
CLEARWATER FL 33757
US**

Mailing Address
**1230 SOUTH MYRTLE AVENUE SUITE 203
STE 301
CLEARWATER FL 33757
US**

2. Principal Place of Business
1230 S. MYRTLE AVE.

Suite, Apt. #, etc.
SUITE 301

City & State
CLEARWATER, FL

Zip
33756

Country
US

3. Mailing Address
P.O. BOX 2198

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

Zip
33757

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3056100**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAVOIE, TEMPI
1230 S. MYRTLE AVE.
SUITE 301
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's 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, 2002 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 **VP** ☐ Delete
NAME **MCCARTHY, MICHAEL J**
STREET ADDRESS **1230 S MYRTLE AVENUE, STE 301**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **POTS** ☐ Delete
NAME **SAVOIE, TEMPI**
STREET ADDRESS **1230 S MYRTLE AVE, STE 301**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **C** ☐ Delete
NAME **SAVOIE, TEMPI**
STREET ADDRESS **1230 S MYRTLE AVE, STE 301**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Tempi Savoie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-446-2200

Date Daytime Phone #

CR2E034 (9/01)