

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S46872

1. Entity Name
THOMPSON & THOMPSON PHOTOGRAPHY, INC.

Principal Place of Business
5180 NE 12 AVE
FT LAUDERDALE FL 33334

Mailing Address
5180 NE 12 AVE
FT LAUDERDALE FL 33334

2. Principal Place of Business
1302 N Swinton Ave.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2047
Suite, Apt. #, etc.

City & State
Delray Beach, FL
Zip 33444 Country USA

City & State
Delray Beach, FL
Zip 33447-2047 Country USA

4. FEI Number 65-0281215

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, KEITH
5180 NE 12 AVE
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name KEITH THOMPSON
Street Address (P.O. Box Number is Not Acceptable)
1302 N SWINTON AVE.
City Delray Beach, FL Zip Code 33444

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 *Keith M. Thompson*
Signature, typed or printed name of registered agent and title if applicable.

8-20-01
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME THOMPSON, KEITH
STREET ADDRESS 1202 N SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE STD
NAME THOMPSON, JODY
STREET ADDRESS 1202 N SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Keith M. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-01 (954) 772-4411
Date Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90004 005 ***550.00



DO NOT WRITE IN THIS SPACE

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