

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90285 005 ***150.00

DOCUMENT # S95660

1. Entity Name

LYNNE R. THOMPSON, P.A.

Principal Place of Business

**529 E NEW HAVEN AVE
 MELBOURNE FL 32901-5461**

Mailing Address

**529 E NEW HAVEN AVE
 MELBOURNE FL 32901-5461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3096320**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

C0029246



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMPSON, LYNNE R.
 529 E NEW HAVEN AVE
 MELBOURNE FL 32901**

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 _____
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, 2001 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 _____ Delete
 NAME **PVS THOMPSON, LYNNE R.**
 STREET ADDRESS **529 E NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE _____ Change Addition

TITLE _____ Delete
 NAME **TD THOMPSON, LYNNE R.**
 STREET ADDRESS **529 E NEW HAVEN AVE**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE _____ Change Addition

TITLE _____ Delete

TITLE _____ Change Addition

TITLE _____ Delete

TITLE _____ Change Addition

TITLE _____ Delete

TITLE _____ Change Addition

TITLE _____ Delete

TITLE _____ 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: *Lynne R. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynne R. Thompson **02/20/01**
Date

(321) 728-1925
Daytime Phone #

CR2E034 (10/00)