2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
01-30-2001 90128 009 ***158.75

DOCUMENT # V53645

1. Entity Name
T.D. THOMSON CONSTRUCTION CO. INC.

Principal Place of Business	Mailing Address
30415 COUNTY ROAD #437 SORRENTO FL 32776	30415 COUNTY ROAD #437 SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
30530 CR 437	30530 CR 437
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sorrento, Fla	City & State: Sorrento, Fl
Zip: 32776 Country:	Zip: 32776 Country:

4. FEI Number 59-3127546 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMSON, THOMAS D.
30415 COUNTY ROAD #437
SORRENTO FL 32776

Change of address

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 30530 CR 437
City Sorrento FL Zip Code 32776

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] Thomas D. Thomson 1-22-01
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	PD	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	THOMSON, THOMAS D.		NAME	
STREET ADDRESS	30415 COUNTY ROAD #437		STREET ADDRESS	30530 CR 437
CITY-ST-ZIP	SORRENTO FL		CITY-ST-ZIP	Sorrento, Fla 32776
TITLE	ST	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	THOMSON, SANDRA G		NAME	
STREET ADDRESS	30415 COUNTY ROAD #437		STREET ADDRESS	30530 CR437
CITY-ST-ZIP	SORRENTO FL		CITY-ST-ZIP	Sorrento, Fla 32776
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 (10/00)

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] Thomas D. Thomson, 1-22-01 407 654 8388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #