

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91023 004 \*\*\*150.00

0034471 AV

**DOCUMENT # P96000035075**

1. Entity Name  
**THORN INDUSTRIES CORPORATION**



Principal Place of Business  
**5627-7 VERNA BLVD.  
JACKSONVILLE FL 32205**

Mailing Address  
**PO BOX 60693  
JACKSONVILLE FL 32236  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ARTHUR THORNTON  
5627-7 VERNA BLVD  
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name  
**ARTHUR THORNTON**

Street Address (P.O. Box Number is Not Acceptable)  
**5627-7 VERNA BLVD**

City **JACKSONVILLE** State **FL** Zip Code **32205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur Thornton*  
**ARTHUR THORNTON**

DATE **04/05/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THORNTON, ARTHUR</b>
STREET ADDRESS	<b>2570 MYRA ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>SECRETARY-TREASURER</b>
STREET ADDRESS	<b>MARGARET LABARGE</b>
CITY-ST-ZIP	<b>2317 4TH. AVE</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>JACKSONVILLE, FL. 32208</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ARTHUR THORNTON* **4/5/03** **904-695-0993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)