

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # 184202

1. Entity Name
THORNTON LABORATORIES, INC.

| | |
|---|---|
| Principal Place of Business 1145 E CASS ST TAMPA FL 336023536 | Mailing Address 1145 E CASS ST TAMPA FL 336023536 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-0481400 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

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

6. Name and Address of Current Registered Agent

THORNTON, CHARLES C.
 1145 EAST CASS STREET
 TAMPA FL 33602 US

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 _____ DATE **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 | |
|--|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME THORNTON, JAMES R. | |
| STREET ADDRESS 6903 AQUEDUCT TERR | |
| CITY-ST-ZIP ODESSA FL | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME ROSENKRANZ, STANLEY W. | |
| STREET ADDRESS 201 E KENNEDY BV STE1000 | |
| CITY-ST-ZIP TAMPA FL | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME THORNTON, JANE H. | |
| STREET ADDRESS 14717 CLARENDON DR | |
| CITY-ST-ZIP TAMPA FL | |
| TITLE CEO | <input type="checkbox"/> Delete |
| NAME THORNTON, CHARLES C | |
| STREET ADDRESS 14717 CLARENDON DR | |
| CITY-ST-ZIP TAMPA FL | |
| TITLE PD | <input type="checkbox"/> Delete |
| NAME HARVEY, MARCIA S | |
| STREET ADDRESS 17301 CARRIAGE WAY | |
| CITY-ST-ZIP ODESSA FL | |
| TITLE STD | <input type="checkbox"/> Delete |
| NAME BRISTOL LISA J | |
| STREET ADDRESS 12913 TIKIWOOD CT. | |
| CITY-ST-ZIP RIVERVIEW FL | |

| 12. 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 |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| 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: Lisa J. Bristol **STD** 04/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)