

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 415186

1. Entity Name

BILL THORNTON INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90006 005 ***150.00

Principal Place of Business

U.S. HIGHWAY 17 SOUTH
P.O. BOX 69
EAGLE LAKE FL 33839

Mailing Address

U.S. HIGHWAY 17 SOUTH
P.O. BOX 69
EAGLE LAKE FL 33839

644546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1449299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THORNTON, WILLIAM M
HWY 17 SOUTH
EAGLE LAKE FL 33839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 \$160.00
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: VD
NAME: THORNTON, STEPHEN
STREET ADDRESS: 7129 CRYSTAL BEACH RD.
CITY- ST- ZIP: WINTER HAVEN FL

TITLE: PD
NAME: THORNTON, WILLIAM M
STREET ADDRESS: 138 ODIN DRIVE
CITY- ST- ZIP: WINTER HAVEN, FL 00000

TITLE: SD
NAME: THORNTON, DOROTHY H
STREET ADDRESS: 138 ODIN DRIVE
CITY- ST- ZIP: WINTER HAVEN, FL 00000

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

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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:

Stephen R. Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Thornton 4/18/01 863-534-1541
Date: Daytime Phone #

CR2E034 (10/00)