

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2002 8:00 am  
Secretary of State

02-05-2002 90015 029 \*\*\*158.75

0390738 AV

**DOCUMENT #** F01000003057  
**1. Entity Name**  
THORNBROOK, NV

**Principal Place of Business** **Mailing Address**  
~~11911 U.S. Highway #1~~ ~~JUPITER FL 33477~~  
11911 U.S. Highway #1 North Palm Beach, FL 33408  
11911 U.S. Highway #1 North Palm Beach, FL 33408

**2. Principal Place of Business** **Mailing Address**  
~~11911 U.S. Highway #1~~ ~~JUPITER FL 33477~~  
11911 U.S. Highway #1 North Palm Beach, FL 33408  
11911 U.S. Highway #1 North Palm Beach, FL 33408

**City & State** **City & State**  
11911 U.S. Highway #1 North Palm Beach, FL 33408  
11911 U.S. Highway #1 North Palm Beach, FL 33408

**Zip** **Country** **Zip** **Country**  
33408 USA 33408 USA

**6. Name and Address of Current Registered Agent** **7. Name and Address of New Registered Agent**  
**KEHLE III, A G** **11911 U.S. Highway #1**  
~~11911 U.S. Highway #1~~ ~~JUPITER FL 33477~~ ~~11911 U.S. Highway #1~~ ~~JUPITER FL 33477~~  
11911 U.S. Highway #1 North Palm Beach, FL 33408  
11911 U.S. Highway #1 North Palm Beach, FL 33408

**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**  
[Signature] **1/14/2002**  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD KEHLE III, A G <del>11911 U.S. Highway #1</del> JUPITER FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD JESRUM, ARTURO J #92 PO BOX 4011 CURACAO THE NETHERLAND ANTI	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** **SIGNATURE REQUIRED** **DATE** **Daytime Phone**  
[Signature] **1/14/2002** **746-1050**  
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)