FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # F42382** RICHARD A. THORNAL, INC. 04-16-2001 90048 019 \*\*\*150.00 Principal Place of Business Mailing Address 1838 NW TREASURE PT 1838 NW TREASURE PT STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2122594 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired - - \* [-]-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMONT, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 3050 BISCAYNE BLVD #610 MIAMI FL 33137 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change TITLE ☐ Delete TITLE NAME THORNAL, RICHARD A NAME STREET ADDRESS STREET ADDRESS 1838 NW TREASURE PT CITY-ST-7IP CITY-ST-ZIP STUART FL ☐ Delete ☐ Change TITLE TITLE THORNAL, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 1838 NW TREASURE PT CITY-ST-ZIP CITY-ST-ZIP ~ STUART FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change TITLE ☐ Addition TITLE 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 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 errorowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destrict Proper #