

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17659

1. Entity Name

PATRICIA E. THORNE, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90053 029 ***150.00

Principal Place of Business

Mailing Address

4163 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461

4163 SOUTH CONGRESS AVENUE
LAKE WORTH FL 33461-4703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2328 Tenth Avenue North

3. Mailing Address

2328 Tenth Avenue North

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

Lake Worth FL

City & State

Lake Worth FL

Zip

33461

Country

USA

Zip

33461

Country

USA

4. FEI Number

59-2240995

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THORNE, PATRICIA E.
4163 SOUTH CONGRESS AVE.
LAKE WORTH FL 33461

Name

2328 Tenth Avenue North

Suite 202

City

Lake Worth

FL

Zip 33461

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 \$150.00
After MAY 1, 2000 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 PS
NAME THORNE, PATRICIA E.
STREET ADDRESS 4163 SOUTH CONGRESS AVE.
CITY-ST-ZIP LAKE WORTH FL 33461

☐ Delete

TITLE
NAME 2328 Tenth Avenue North
STREET ADDRESS Suite 202
CITY-ST-ZIP Lake Worth FL 33461

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)