

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90049 012 ***150.00

DOCUMENT # J78587

1. Entity Name
DONALD THORNSBURY, INC.

Principal Place of Business
% DONALD THORNSBURY
5821 AUTUMN RIDGE ROAD
LAKE WORTH FL 33463

Mailing Address
% DONALD THORNSBURY
5821 AUTUMN RIDGE ROAD
LAKE WORTH FL 33463

940888



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5011 Lantana Road
Suite, Apt. #, etc.

3. Mailing Address
5011 Lantana Road
Suite, Apt. #, etc.

City & State
LAKE WORTH FL
Zip
33463 Country

City & State
LAKE WORTH FL
Zip
33463 Country

4. FEI Number **65-0140399**

Applied For
Not Applicable.

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

6. Name and Address of Current Registered Agent

THORNSBURY, DONALD
5821 AUTUMN RIDGE ROAD
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

5011 Lantana Road

City **LAKE WORTH**

FL

Zip Code
33463

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, 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 **PT** ☐ Delete
NAME **THORNSBURY, DONALD**
STREET ADDRESS **5821 AUTUMN RIDGE ROAD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **SVP** ☒ Delete
NAME **THORNSBURY, PATRICIA A**
STREET ADDRESS **5821 AUTUMN RIDGE ROAD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5011 Lantana Road**
CITY-ST-ZIP **33463**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-20-2001

0319837

CR2E034 (10/00)