

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M01000001586****1. Entity Name**THORNTON/AMERICA 9600 GRAND SANDESTIN BOULEVARD
2510 LLC**FILED**

02 OCT 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of BusinessC/O THOMAS THORNTON, ONSITE COMPANIES, INC
921 ELKRIDGE LANDING RD.
LINTHICUM MD 21090**Mailing Address**C/O THOMAS THORNTON, ONSITE COMPANIES, INC
921 ELKRIDGE LANDING RD.
LINTHICUM MD 21090**2. Principal Place of Business**295 Rugby Cove Rd.
Suite, Apt. #, etc.**3. Mailing Address**295 Rugby Cove Rd.
Suite, Apt. #, etc.**City & State**

ARNOLD, MD

Zip

21012

Country

USA

City & State

ARNOLD, MD

Zip

21012

Country

USA

4. FEI Number NOT APPLICABLE**Applied For**

Not Applicable

5. Certificate of Status Desired☐\$5.00 Additional
Fee Required**6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City**

FL

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. I am familiar with, and accept the obligations of registered agent.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**9. MANAGING MEMBERS/MANAGERS**

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	THOMAS M THORNTON	
STREET ADDRESS	295 Rugby Cove Rd.	
CITY-ST-ZIP	ARNOLD, MD 21012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE:****SIGNATURE REQUIRED**

THOMAS M THORNTON

9/23/02

4104218030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)