2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

TITLE

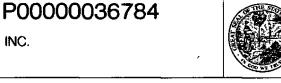
NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

Principal Place of Business

THORNTON'S DRYWALL, INC.



Mailing Address

8525 C R 13 I		8525 C R 13 NORTH ST AUGUSTINE FL 32092				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3649843	Applied For Not Applicable	
Zip	Country	Zip Country		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 /		
THORNTON, RONALD			Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)		
8525 C R 13 NORTH ST. AUGUSTINE FL 32092						
01171000	011112 12 02092	•	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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			<u> </u>	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THORNTON, RONALD 8525 CR 13 NORTH SAINT AUGUSTINE FL 32092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Change ☐ Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete

☐ Change

Addition

Apr 07, 2003 8:00 am § Secretary of State

FILED

04-07-2003 91031 027 ***150.00