

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-23-2003 90058028 ***150.00
P97000032533

03 JUL 18 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000032533

1. Entity Name
J DENNIS THORNE, P.A.



Principal Place of Business
5007 FORESTAY CT.
NEW PORT RICHEY FL 34652

Mailing Address
5007 FORESTAY CT.
NEW PORT RICHEY FL 34652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3440554

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A., D/B/A AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME THORNE, J. DENNIS
STREET ADDRESS 5007 FORESTAY CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE V
NAME THORNE, ROBIN M
STREET ADDRESS 5007 FORESTAY CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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.

SIGNATURE:

JENNIFER THORNE, V.P. / Robin M. Thorne, V.P. 6-18-03 (727) 846-7150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0578651 AV

CR2E034 (10/02)

J DENNIS THORNE, P.A.

4973 South Shore Drive • New Port Richey, FL 34652 • (727) 846-7280

July 14, 2003

Division of Corporations
Attn: Shawn Töner, Supervisor
P.O. Box 6327
Tallahassee, FL 32314

Re: **J DENNIS THORNE, P.A. – Document # P97000032533**

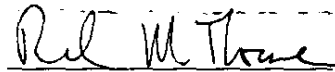
Dear Shawn:

Pursuant to our telephone conversation of today's date, please except this letter as notification that I did not receive our Corporation Annual Business Report until 6/17/03. I filed the Report on 6/18/03 and included a check for the \$150.00 filing fee.

It is my understanding that the Division of Corporations will waive the late penalty fee on this annual report upon receipt of this letter.

Thank you for your time and kind assistance in this matter.

Sincerely,


Robin M. Thorne, V.P.

C.R.R.