

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

06-23-2003 90058028 \*\*\*150.00  
P97000032533

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

CHECK HERE IF MAKING CHANGES

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP THORNE, J. DENNIS 5007 FORESTAY CT. NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V THORNE, ROBIN M 5007 FORESTAY CT. NEW PORT RICHEY FL 34652</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR2E034 (10/02)

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: J Dennis Thorne, V.P. / Robin M. Thorne, V.P. Date: 6-18-03 (727) 846-7250

**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**

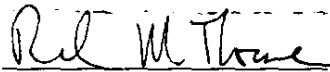
Dear Shawn:

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.