

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90141 012 ***150.00

DOCUMENT # 485253

1. Entity Name

THUNDER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

511 BROOKSIDE DR
 CLEARWATER FL 33764

511 BROOKSIDE DR
 CLEARWATER FL 33764-6242

2. Principal Place of Business

1101 FLUSHING AV.

Suite, Apt. #, etc.

3. Mailing Address

1101 FLUSHING AV.

Suite, Apt. #, etc.

City & State

CLEARWATER FL.

City & State

CLEARWATER FL.

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-1621865

Applied For

Not Applicable

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

ANDERSON, ROBERT E

2501 HARN BLVD G-5

CLEARWATER FL 33764

1101 FLUSHING AV.

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT E	
STREET ADDRESS	2501 HARN BLVD G-5	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	S	<input type="checkbox"/> Delete
NAME	DROUBIE, JULIANNE	
STREET ADDRESS	1101 FLUSHING AVE	
CITY-ST-ZIP	CLEARWATER FL 33764	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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 #

CR2E034 (9/99)