FILED

Apr 18, 2002 8:00 am § Secretary of State

04-18-2002 90452 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F0000001799 **DOCUMENT #** THUNDERBOLT BEVERAGE COMPANY

Principal Place of Business 3199 RIVER BRANCH CIRCLE KISSIMMEE FL 34741 2. Principal Place of Business 3. Mailing Address 3. Mailing Address	
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	i 13810 18110 1811 1881
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	
City & State	Applied For
Zip Country Zip Country 5. Certificate of Status Desired 5. September 5. Se	Not Applicable 5 Additional equired
6: Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent	
RICHART, STEPHEN D	
3199 RIVER BRANCH CIRCLE Street Address (P.O. Box Number is Not Acceptable)	
KISSIMMEE FL 34741	
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.	
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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	
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00	\$5.00 May Be Added to Fees
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) DATE	\$5.00 May Be Added to Fees
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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:

CITY-ST-ZIP