

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90953 013 ***150.00

0420209 AV

DOCUMENT # F98000004702

1. Entity Name

THUNDERLAND CORP.

Principal Place of Business

Mailing Address

220 E. MADISON ST
 #127
 TAMPA FL 33602
 US

220 E. MADISON ST
 #127
 TAMPA FL 33602
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

220 E. Madison ST

220 E. Madison ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1217

1217

City & State

City & State

TAMPA FL

Tampa FL

Zip

Zip

Country

Country

33602

USA

33602

USA

4. FEI Number

59-3454716

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

KLEINBERG, RICHARD

220 E MADISON ST #1217

TAMPA FL 33602

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, 2002 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 PC
 NAME KLEINBERG, RICHARD
 STREET ADDRESS 614 ROLLINGWOOD LN
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE President
 NAME RICHARD KLEINBERG
 STREET ADDRESS 1711 COMSTOCK PL
 CITY-ST-ZIP BRANDON FL 33511 ☒ Change ☐ Addition

TITLE S
 NAME KLEINBERG, EVA
 STREET ADDRESS 614 ROLLINGWOOD LN
 CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

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

3/26/02 813 748-8383

CR2E034 (9/01)