

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28282

1. Entity Name

THUNDER MARINE, INC.

Principal Place of Business

Mailing Address

3433 TYRONE BLVD.  
ST. PETERSBURG FL 33710  
US

3433 TYRONE BLVD.  
ST. PETERSBURG FL 33710-1136  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LAPRADE, MARK  
3433 TYRONE BLVD  
ST. PETERSBURG FL 33710

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME LAPRADE, MARK  
STREET ADDRESS 3433 TYRONE BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE D ☐ Delete  
NAME DELANEY, GORDON  
STREET ADDRESS 3433 TYRONE BLVD  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice Pres. ☐ Change ☒ Addition  
NAME Wacker, Tracie A.  
STREET ADDRESS 3433 Tyrone Blvd.  
CITY-ST-ZIP St. Petersburg, FL 33710

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

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

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

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

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

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:

Tracie A. Wacker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-00 727 / 381-4444

Date

Daytime Phone #

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90041 042 \*\*\*150.00

LUU11J00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2897590

Applied For ☒ Not ☐

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**