

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K28282

1. Entity Name

THUNDER MARINE, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90054 050 ***150.00

Principal Place of Business

3433 TYRONE BLVD.
ST. PETERSBURG FL 33710
US

Mailing Address

3433 TYRONE BLVD.
ST. PETERSBURG FL 33710
US

2. Principal Place of Business

8701 Bay Pines Blvd.
Suite, Apt. #, etc.

3. Mailing Address

8701 Bay Pines Blvd.
Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2897590

Applied For

Not Applicable

Zip

33709

Country

U.S.A.

Zip

33709

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAPRADE, MARK
3433 TYRONE BLVD
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name

LaPrade, Mark

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

8701 Bay Pines Blvd.

City

St. Petersburg, FL

FL

Zip Code

33709

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS LAPRADE, MARK
CITY-ST-ZIP 3433 TYRONE BLVD
ST. PETERSBURG FL 33710

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS WACKER, TRACIE A
CITY-ST-ZIP 3433 TYRONE BLVD
SAINT 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-01

Date

(727) 381-4444

Daytime Phone #

CR2E034 (10/00)

0623936