

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90016 042 ***150.00

0447086 AV

DOCUMENT # K28282

1. Entity Name
THUNDER MARINE, INC.

Principal Place of Business
8701 BAY PINES BLVD
SAINT PETERSBURG FL 33709
US

Mailing Address
8701 BAY PINES BLVD
SAINT PETERSBURG FL 33709
US

80021109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-2897590

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAPRADE, MARK
8701 BAY PINES BLVD
SAINT PETERSBURG FL 33709

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LAPRADE, MARK	
STREET ADDRESS	3433 TYRONE BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANEY, GORDON	
STREET ADDRESS	3433 TYRONE BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WACKER, TRACIE A	
STREET ADDRESS	3433 TYRONE BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPRADE, MARK	
STREET ADDRESS	8701 BAY PINES BLVD	
CITY-ST-ZIP	St. Pete., FL 33709	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANEY, GORDON	
STREET ADDRESS	8701 BAY PINES BLVD	
CITY-ST-ZIP	St. Pete., FL 33709	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKER, TRACIE A.	
STREET ADDRESS	8701 BAY PINES BLVD	
CITY-ST-ZIP	St. Pete., FL 33709	
TITLE	SEC. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHKTERA, ROBERT	
STREET ADDRESS	8701 BAY PINES BLVD	
CITY-ST-ZIP	St. Pete., FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-02 (727) 381-4444

CR2E034 (9/01)