

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90173 042 ***61.25

DOCUMENT # N00000005091

1. Entity Name

THUNDER OVER THE INDIAN RIVER, INC.

Principal Place of Business

Mailing Address

**4742 BROOKHAVEN ST
 COCOA FL 32927**

**4742 BROOKHAVEN ST
 COCOA FL 32927**

2. Principal Place of Business

4742 Brookhaven St

3. Mailing Address

4742 Brookhaven St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Cocoa FL 329

4. FEI Number

59-3344733
APPLIED FOR

Applied For

Not Applicable

Zip

32927

Country

Zip

32927

Country

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

**RODRIGUEZ, RANDEL
 4742 BROOKHAVEN ST
 COCOA FL 32927**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **RODRIGUEZ, RANDEL**
 STREET ADDRESS **4742 BROOKHAVEN ST**
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
 NAME **NERO, DONNA**
 STREET ADDRESS **6786 ACRE WOODS CT**
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE **D** ☐ Delete
 NAME **HANNON, SUSAN**
 STREET ADDRESS **6149 FAY BLVD**
 CITY-ST-ZIP **COCOA FL 32927**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RANDEL L. RODRIGUEZ
 Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-02 321-631-2128

CR2E037 (9/01)