

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41881

1. Entity Name

SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90162 027 ****70.00

Principal Place of Business

155 23RD AVENUE SE
ST. PETERSBURG FL 33705
US

Mailing Address

155 23RD AVENUE SE
ST. PETERSBURG FL 33705-3211
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3119792

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

ROBERTS, NORA
155 23RD AVENUE S.E.
ST. PETERSBURG FL 33705

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

TITLE	DAF	<input type="checkbox"/> Delete
NAME	HILDEBRANT, EDWARD	
STREET ADDRESS	3401 ELKRIDGE DRIVE	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLER, DON	
STREET ADDRESS	12712 CANDLEWOOD WAY	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASMUND, DAVID	
STREET ADDRESS	9601 N WILLOW AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, NORA	
STREET ADDRESS	155 SE 23RD AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLER, BARB	
STREET ADDRESS	12712 CANDLEWOOD WAY	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	FRANKLIN, LINDA	
STREET ADDRESS	4024 17TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patricia Gato
STREET ADDRESS	1117 Curlew Place W.
CITY-ST-ZIP	Tarpon Springs FL 34689

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)