

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90175 010 ****70.00

DOCUMENT # N41881			
1. Entity Name Sunshine State Vintage Thunderbirds INC.			
Principal Place of Business 155 23rd Ave S.E.		Mailing Address 155 23rd Ave S.E.	
St Pete, FL 33705		St Pete, FL 33705	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Nora Roberts 155 23rd Ave S.E. St Pete, FL 33705		7. Name and Address of New Registered Agent Name Nora Smith Street Address (P.O. Box Number is Not Acceptable) 155 23rd Ave S.E. City St Pete FL Zip Code 33705	
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 Nora L. Smith (Signature, typed or printed name of registered agent and title if applicable)		DATE 04/24/01 (NOTE: Registered Agent signature required when relocating)	
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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
		☒ Change ☐ Addition	
		P Nora L. Smith 155 23rd Ave S.E. St Pete, FL 33705	
		☒ Change ☐ Addition	
		V David Wasmund 9601 N. Willow Ave. Tampa, FL 33612	
		☒ Change ☐ Addition	
		V Donald Waller 12712 Candlewood Way Hudson, FL 34667	
		☒ Change ☐ Addition	
		T Barbara Waller 12712 Candlewood Way Hudson, FL 34667	
		☒ Change ☐ Addition	
		D Edward Hildebrandt 3401 Elkridge Dr. Holiday, FL 34691	
		☒ Change ☐ Addition	
		S Shirley Wasmund 9601 N. Willow Ave. Tampa, FL 33612	
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: Nora L. Smith SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04/24/01 Daytime Phone # (727) 823-6656	

CR2037 (11/00)