

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90057 031 ****70.00

DOCUMENT # N41881

1. Entity Name

SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE

Principal Place of Business

Mailing Address

155 23RD AVENUE SE
 ST. PETERSBURG FL 33705
 US

155 23RD AVENUE SE
 ST. PETERSBURG FL 33705
 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

NOT APPLICABLE

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

SMITH, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DAF
HILDEBRANT, EDWARD
3401 ELKRIDGE DRIVE
HOLIDAY FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Hildebrant, Alice
3401 Elkridge Dr.
Holiday, FL

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WALLER, DON
12712 CANDLEWOOD WAY
HUDSON FL 34667

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
Boring, Linda
4540 Slippery Rock Rd.
New Port Richey, FL 34653

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WASMUND, DAVID
9601 N WILLOW AVE
TAMPA FL 33612

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
ROBERTS, NORA
155 SE 23RD AVE
ST PETERSBURG FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WALLER, BARB
12712 CANDLEWOOD WAY
HUDSON FL 34667

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DT
FRANKLIN, LINDA
4024 17TH ST N
ST PETERSBURG FL

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

Date

Telephone #

CR2E037 (9/01)