

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90155 023 ****70.00

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DOCUMENT # N41881

1. Entity Name

SUNSHINE STATE VINTAGE THUNDERBIRDS, INCORPORATE
D



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **Waller, Sharon**
STREET ADDRESS **P.O. Box 1999**
CITY-ST-ZIP **Lakeland, FL 33802-1999**

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

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

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

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

TITLE **D** ☐ Delete
NAME **HILDEBRANT, ALICE**
STREET ADDRESS **3401 ELKRIDGE DR**
CITY-ST-ZIP **HOLIDAY FL**

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

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

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

TITLE **D** ☐ Delete
NAME **BOEING, LINDA**
STREET ADDRESS **4540 SLIPPERY ROCK RD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

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:

Nora L. Smith 4/7/03 823-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)