2000 UNIFORM BUSINESS REPORT (UBR)

5/31/00 5/3

FILED
Aug 01, 2000 8:00 am
Secretary of State
05-31-2000 90026 027 ****70.00

DOCUMENT # N98000004920

Entity Name

VARD THUNDER, INC.

R

Principal Place of Business	Mailing Address
HIDDEN WOOD ROAD FL 32926	1550 HIDDEN WOOD ROAD COCOA FL 32926-2597

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3537641 ☐ 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
OLDHAM, DOUG 1550 HIDDEN WOOD ROAD COCOA FL 32926	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

Doug Oldham President (No change) 5-7-00

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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D OLDHAM, DOUG 1550 HIDDEN WOOD ROAD COCOA FL 32926	☐ Delete	TITLE D NAME Vice President STREET ADDRESS Allison Morgan CITY-ST-ZIP 3321 N. Indian River Dr. Cocoa FL 32922	☐ Change ☑ Addition
D OLDHAM, JAMIE 1550 HIDDEN WOOD ROAD COCOA FL 32926	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D WETHERINGTON, RICK 3462 ECHO RIDGE PLACE COCOA FL 32926	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Doug Oldham Doug Oldham 5-7-00 321-861-7184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #