

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90064 009 ***150.00

DOCUMENT # P000000017238

1. Entity Name

Thunderbolt fireworks Cocoa, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4875 W. Hwy 520

Suite, Apt. #, etc.

W. Cocoa, FL

City & State

32922

Zip

Country

3. Mailing Address

4875 W. Hwy 520

Suite, Apt. #, etc.

W. Cocoa, FL

City & State

32922

Zip

Country

4. FEI Number

59-3662884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARSH Kevin

Street Address (P.O. Box Number is Not Acceptable)

310 Fifth Ave

INDIAN LANTIC, FL

City

FL

Zip Code

32903

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>MARSH Kevin</u> <u>3286 W. New Haven Ave</u> <u>W. Melbourne, FL 32904</u>
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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

MARSH Kevin M. Marsh 2/15/02 321-725-7869

CR2E0348 (12/01)