

8/20/01-90091-001-\$1,650.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000017242****1. Entity Name**
THUNDERBOLT FIREWORKS INTERNATIONAL, INC.**Principal Place of Business**
3286 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904**Mailing Address**
3286 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904

FILED

01 SEP 11 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662884

Applied For

Not Applicable

Zip

Country

Zip

Country

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**LYERLY, ROBERT M
202 N. HARBOR CITY BLVD., STE. 300
MELBOURNE FL 32935Name **MARSH, KEVIN M**

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

310 FIFTH AVE

City **INDIAN ROCK**

FL 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

KEVIN M. MARSH

Signature, typed or printed name of registered agent and state if applicable.

KEVIN M. MARSH

(If new, registered agent's signature required when reappointing)

8/14/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **MARSH, KEVIN**
STREET ADDRESS **408 MORNING CREEK CIR.**
CITY-ST-ZIP **APOKA FL 32712**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address with all other life empowered.**

SIGNATURE

KEVIN M. MARSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Date

Daytime Phone #

0016171 AV

10/01-90091-001