

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053257

1. Entity Name

THUNDERBAY POOL AND SPA, INC.

Principal Place of Business

3936 ORCHARD HILL CIRCLE
PALM HARBOR FL 34684

Mailing Address

3936 ORCHARD HILL CIRCLE
PALM HARBOR FL 34684

2. Principal Place of Business

406 Orange St.

3. Mailing Address

406 Orange St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL.

City & State

Palm Harbor, FL.

Zip

34683

Country

USA

Zip

34683

Country

USA

6. Name and Address of Current Registered Agent

ATHANASULIS, BILL
3936 ORCHARD HILL CIRCLE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name: Athanasulis, Bill
Street Address (P.O. Box Number is Not Acceptable): 406 Orange Street
City: Palm Harbor FL Zip Code: 34683

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: Bill Athanasulis / Bill Athanasulis President 4/23/01
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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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: PSTD
NAME: ATHANASULIS, BILL
STREET ADDRESS: 3936 ORCHARD HILL CIRCLE
CITY-ST-ZIP: PALM HARBOR FL 34684 ☐ Delete

TITLE: V
NAME: ATHANASULIS, MATIA
STREET ADDRESS: 3936 ORCHARD HILL CIRCLE
CITY-ST-ZIP: PALM HARBOR FL 34684 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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☐ Delete

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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bill Athanasulis / Bill Athanasulis President 4/23/01 772-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90162 025 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)