FILED
May 17, 2001 8:00 am
Secretary of State
05-17-2001 91326 025 ***150.00

0303137

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # [redacted] P 000000 S

1. Entity Name
[redacted] THUNDER INC ✓

Principal Place of Business	Mailing Address
[redacted] 9856 PALM VISTA WAY BOCA RATON, Fl 33428	[redacted] RD 9856 PALM ... BOCA RATON, Fl 33428

[redacted]

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

DO NOT WRITE IN THIS SPACE

4. FEI Number ~~65-0357228~~ 65-1036722 ☐ 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
[redacted] ~~BOCA RATON FL 33432~~ LOOI, DAVID C 9856 PALM VISTA WAY BOCA RATON, Fl 33428	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.

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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D [redacted] [redacted] ~~BOCA RATON FL 33432~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOOI, DAVID C. 9856 PALM VISTA WAY BOCA RATON, Fl 33428 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V [redacted] [redacted] ~~BOCA RATON FL 33432~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOOI, JENNIFER W 9856 PALM VISTA WAY BOCA RATON, Fl 33428 ☐ Change ☐ Addition
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CR2E034 (10/00)

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: [signature] 4/25/2001 561 393 9122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #