

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90133 047 \*\*\*150.00

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**DOCUMENT # P01000033040**

1. Entity Name  
**THUNDER BEACH PRODUCTIONS, INC.**



Principal Place of Business  
**2011 S. MONROE ST.  
TALLAHASSEE FL 32301**

Mailing Address  
**2011 S. MONROE ST.  
TALLAHASSEE FL 32301**

2. Principal Place of Business

**877 W. Orange Ave**

3. Mailing Address

**P.O. Box 5376**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**

City & State  
**Tallahassee, FL**

4. FEI Number **59-2529551**

Applied For  
Not Applicable

Zip  
**32310**

Country

Zip  
**32314**

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

**COLLINS, FRED H  
106 FIRST STREET NE  
HAVANA FL 32333**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D + President** ☐ Delete  
NAME **BIGGS, JOSEPH**  
STREET ADDRESS **2011 S. MONROE ST.**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **Vice President** ☐ Delete  
NAME **Rauden A. Peavy**  
STREET ADDRESS **7205 Thomas Dr. 806E**  
CITY-ST-ZIP **Panama City Beach, FL 32408**

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

TITLE **Secretary-Treasurer** ☐ Delete  
NAME **Dawn McDermott**  
STREET ADDRESS **221 Beachwood Lane**  
CITY-ST-ZIP **Panama City Beach, FL 32413**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)