

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

039564 AV

**DOCUMENT # P01000066330**

1. Entity Name

**THUNDER GRAPHIX AND PHOTOGRAPHY, INC.**

04-11-2002 90079 035 \*\*\*158.75

Principal Place of Business

**7901 LAKEWOOD COVE COURT  
 LAKE WORTH FL 33467**

Mailing Address

**7901 LAKEWOOD COVE COURT  
 LAKE WORTH FL 33467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2800 N. Military Trail  
 Suite, Apt. #, etc.  
 Suite 104**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

Zip

Country

**33409**

**USA**

4. FEI Number

**65-1122558**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MCDONOUGH, MICHAEL DAVID  
 12798 FOREST HILL BOULEVARD  
 SUITE 201A  
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

**Kirk R. Burris**

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

**7901 Lakewood Cove Ct**

City

**Lake Worth**

FL

Zip Code

**33467**

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]*

**PRESIDENT**

**1-7-02**

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, 2002 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P/V/S/T</b>
STREET ADDRESS	<b>Kirk R. Burris</b>
CITY-ST-ZIP	<b>7901 Lakewood Cove Ct              Lake Worth, FL 33467</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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]* **KIRK R. BURRIS President**

Date

**1-7-02**

Daytime Phone #

**561-687-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)