

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90087 020 ***150.00

DOCUMENT # P02000061224

1. Entity Name
THUNDER CRANE & EQUIPMENT, INC.



Principal Place of Business
**1915 KETTLER DRIVE
LUTZ FL 33549**

Mailing Address
**1915 KETTLER DRIVE
LUTZ FL 33549**

2. Principal Place of Business
1915 Kettler Drive
Suite, Apt. #, etc.

3. Mailing Address
1915 Kettler Drive
Suite, Apt. #, etc.

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number
81-0554214

Applied For
Not Applicable

Zip
33549 Country
USA

Zip
33549 Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, LORI L
1915 KETTLER DRIVE
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name **NO-CHANGE**

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

TITLE **PTD** ☐ Delete
NAME **ROBINSON, LORI L**
STREET ADDRESS **1915 KETTLER DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **VSD** ☐ Delete
NAME **ROBINSON, JOHN B**
STREET ADDRESS **1915 KETTLER DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

LORI L. ROBINSON
LORI L. ROBINSON - President

1-10-2003 813-948-0171

Date

Daytime Phone #

CR2E034 (10/02)