

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90184 042 \*\*\*150.00

**DOCUMENT # P02000075674**

**1. Entity Name**  
**THUNDERBAY CONSULTING CORPORATION**



**Principal Place of Business**  
**1557 SE 10TH STREET**  
**DEERFIELD BEACH FL 33441**

**Mailing Address**  
**1557 SE 10TH STREET**  
**DEERFIELD BEACH FL 33441**

**2. Principal Place of Business**  
**11555 Heron Bay Blvd**  
**Suite, Apt. #, etc.**  
**200**

**3. Mailing Address**  
**2776 UNIVERSITY DR**  
**Suite, Apt. #, etc.**

**City & State**  
**Coral Springs, FL**  
**Zip**  
**33076**  
**Country**  
**Broward**

**City & State**  
**Coral Springs FL**  
**Zip**  
**33065**  
**Country**  
**Broward**

**4. FEI Number**  
**55-0787660**

**Applied For**  
**Not Applicable**

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

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**FINK, BARRY A**  
**2201 W. SAMPLE ROAD**  
**B #9 - B**  
**POMPANO BEACH FL 33073**

**Name**

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

**City**

**FL**

**Zip Code**

**7. Name and Address of New Registered Agent**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PD CUNNINGHAM, JAMES F**  
**1557 SE 10TH STREET**  
**DEERFIELD BEACH FL 33441**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**11555 Heron Bay Blvd. STE 200**  
**Coral Springs, FL 33076**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
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**CITY-ST-ZIP**

☐ Change ☐ Addition

**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**

**3/7/03**

**954 603 0590**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)