

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 046 ***550.00

DOCUMENT # P93000075654

1. Entity Name
THUNDER BAY BUILDERS, INC.

Principal Place of Business

8765 79TH PLACE N
SEMINOLE FL 34647

Mailing Address

8765 79TH PLACE N
SEMINOLE FL 34647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8765 79th Pl N.
 Suite, Apt. #, etc.

3. Mailing Address

8765 79th Pl N.
 Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Largo, FLA.

4. FEI Number

59-3226062

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

Zip

33777

Country

USA

Zip

33777

Country

USA

6. Name and Address of Current Registered Agent

LENTZ, H J
35111 US 19 N
SUITE 302
PALM HARBOR FL

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002, Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	MCDONOUGH, DARIA	
STREET ADDRESS	8765 79TH PLACE N	
CITY-ST-ZIP	SEMINOLE FL 34647	
TITLE	VT	<input type="checkbox"/> Delete
NAME	MCDONOUGH, DARIA	
STREET ADDRESS	8765 79TH PLACE N	
CITY-ST-ZIP	SEMINOLE FL 34647	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDONOUGH, WILLIAM	
STREET ADDRESS	8765 79TH PLACE N	
CITY-ST-ZIP	SEMINOLE FL 34647	
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 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	
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

William J. McDonough **7/18/02** **544-0100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)