

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088546

1. Entity Name

THUNDER ROAD DELIVERY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90033 005 ***150.00

Principal Place of Business

Mailing Address

2801 W. BUSCH BOULEVARD
 SUITE 240
 TAMPA FL 33618-4500

510 NANTUCKET DR.
 TAMPA FL 33617-3840

2. Principal Place of Business

3. Mailing Address

615 Crystal Grove Blvd
 Suite, Apt. #, etc.

See # 2
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3283816

Applied For
 Not Applicable

Zip 33549

Country

Zip

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

SCOHIER, JULIE
 510 NANTUCKET DR.
 TAMPA FL 33617

Name

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

615 Crystal Grove Blvd

City Lutz

FL

Zip Code 33549

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, 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
 NAME LITTLE, JEROLD A
 STREET ADDRESS 2801 W. BUSCH BOULEVARD, STE 240
 CITY-ST-ZIP TAMPA FL

TITLE
 NAME
 STREET ADDRESS 2701 W Busch Blvd # 207
 CITY-ST-ZIP 33618-4500

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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 trustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerold A. Little
 President 4-28-00

Date

Daytime Phone #

CR2E034 (9/99)