

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90092 048 ***150.00

DOCUMENT # **P94000088546**

1. Entity Name

Thunder Road Delivery, Inc. ✓

DO NOT WRITE IN THIS SPACE

80051503

2. Principal Place of Business
221 Hobbs Street

Suite, Apt. #, etc.

Suite 101

City & State

Tampa, Florida

Zip
33619

Country
U.S.

3. Mailing Address
221 Hobbs Street

Suite, Apt. #, etc.

Suite 101

City & State

Tampa, Florida

Zip
33619

Country
U.S.

4. FEI Number
593283816

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Eric Arfons

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

221 Hobbs Street, Suite 101

City **Tampa**

FL

Zip Code
33619

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

D. Eric Arfons

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
President/Director
Eric Arfons
221 Hobbs Street, Suite 101
Tampa, Florida 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP/S/T/Director
Rayburn Martin
221 Hobbs Street, Suite 101
Tampa, Florida 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Eric Arfons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

DATE

813.932.2272

Daytime Phone: *

CR2E034B (12/01)