2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90237 028 ***150.00

DOCUMENT # P96000049362

1. Entity Name
THUNDERATION SALES, INC.

Principal Place of Business	Mailing Address
~~5172 126TH AVE N~~ ~~CLEARWATER FL 33760~~ ~~US~~	~~5172 126TH AVE N~~ ~~CLEARWATER FL 33760~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
222 FRIES MILL RD	P.O. BOX 8187
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TURNERSVILLE NJ	City & State: TURNERSVILLE, NJ
Zip: 08012 Country: US	Zip: 08012 Country: US

4. FEI Number 59-3381677 ☐ Applied For ☐ Not Applicable

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
WARD, R. CHARLTON 1253 PARK ST. CLEARWATER FL 34616	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.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CHERYL K 4500 140TH AVENUE N., SUITE 201 CLEARWATER FL 34622	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CHERYL K P.O BOX 8187 TURNERSVILLE, NJ 08012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RICHARD N 4500 140TH AVENUE N., SUITE 201 CLEARWATER FL 34622	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, RICHARD N P.O. BOX 8187 TURNERSVILLE, NJ 08012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Richard Smith 4/16/01 (856) 728-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #