

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027636

1. Entity Name

THUNDER COMMUNICATIONS, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90024 005 ***150.00

Principal Place of Business

Mailing Address

15011 SW 35TH AVE
OCALA FL 34473

P.O. BOX 2727
DUNNELLON FL 34430-2727

2. Principal Place of Business

16201 SW 57TH ST.
Suite, Apt. #, etc.

3. Mailing Address:

P.O. Box 2727
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State OCALA FLORIDA		City & State DUNNELLON FLORIDA		4. FEI Number 59-3434951	Applied For <input type="checkbox"/> Not Applicable
Zip 34481	Country MARION	Zip 34481	Country MARION	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, DAVID
11928 NORTH WILLIAMS STREET
DUNNELLON FL 34432

Name

DAVID WHITE

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

16201 SW 57TH STREET

City
OCALA

FL

Zip Code
34481

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

David White

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

(NOTE: Registered Agent signature required when reinstating)

02/19/00

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 NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, JEROME 15011 SW. 35TH AVENUE ROAD OCALA FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, DAVID 16201 S.W. 57TH STREET OCALA FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D'ARVILLE, BRENDA L 19120 EAST PENNSYLVANIA AVENUE DUNNELLEN FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

David White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-00

Date

352-465-2500

Daytime Phone #

CR2E034 (9/99)