

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027636

1. Entity Name  
**THUNDER COMMUNICATIONS, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90262 031 \*\*\*150.00

Principal Place of Business

16201 SW 57TH ST  
OCALA FL 34481

Mailing Address

P.O. BOX 2727  
DUNNELLON FL 34430

2. Principal Place of Business

11943 N. Williams Street  
Suite, Apt. #, etc.  
E

3. Mailing Address

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

City & State

Dunnellon Florida

City & State

Dunnellon Florida

Zip

34432

Country

MADE

Zip

34430

Country

MARION

4. FEI Number

59-3434951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WHITE, DAVID  
16201 SW 57TH STREET  
OCALA FL 34481

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.

SIGNATURE *David White v.p.*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

04-19-01

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

TITLE **P** ☐ Delete  
NAME **ROBINSON, JEROME**  
STREET ADDRESS **15011 SW. 35TH AVENUE ROAD**  
CITY-ST-ZIP **OCALA FL 34473**

TITLE **VP** ☐ Delete  
NAME **WHITE, DAVID**  
STREET ADDRESS **16201 S.W. 57TH STREET**  
CITY-ST-ZIP **OCALA FL 34481**

TITLE **ST** ☐ Delete  
NAME **D'ARVILLE, BRENDA L**  
STREET ADDRESS **19120 EAST PENNSYLVANIA AVENUE**  
CITY-ST-ZIP **DUNNELLEN FL 34432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-28-01

352-465-2500

CR2E034 (10/00)