

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90035 014 \*\*\*150.00

**DOCUMENT # P97000027636**

1. Entity Name

**THUNDER COMMUNICATIONS, INC.**

Principal Place of Business

**11943 N WILLIAMS STREET  
 E  
 DUNNELLON FL 34432**

Mailing Address

**P.O. BOX 2727  
 DUNNELLON FL 34430**

2. Principal Place of Business

3. Mailing Address

**19120 E. Pennsylvania Ave P.O. Box 2727**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**B**

**B**

City & State

City & State

**DUNNELLON FLORIDA**

**DUNNELLON, FLORIDA**

Zip

Country

Zip

Country

**34432**

**MARION**

**34430**

**MARION**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, DAVID  
 16201 SW 57TH STREET  
 OCALA FL 34481**

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

*David White*

**DAVID WHITE**

**04-09-02**

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, 2002 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 **P** ☐ Delete  
 NAME **ROBINSON, JEROME**  
 STREET ADDRESS **15011 SW. 35TH AVENUE ROAD**  
 CITY-ST-ZIP **OCALA FL 34473**

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

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

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

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

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
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 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-09-02**

**352-465-2500**

Date

Daytime Phone #

CR2E034 (9/01)