

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049795

1. Entity Name

THUNDER ALLEY PERFORMANCE, INC.

Principal Place of Business

1750 S. DIXIE HIGHWAY
POMPANO BEACH FL 33060

Mailing Address

1750 S. DIXIE HIGHWAY
POMPANO BEACH FL 33060

2. Principal Place of Business

2006 NW 55 AVE
Suite, Apt. #, etc.

3. Mailing Address

2006 NW 55 AVE
Suite, Apt. #, etc.

City & State

MARGATE FL

City & State

MARGATE FL

Zip

33063

Country

BROWARD

Zip

33063

Country

BROWARD

6. Name and Address of Current Registered Agent

ROSENTHAL, STUART S
404 EAST ATLANTIC BLVD. STE. 101
POMPANO BEACH FL 33060

4. FEI Number

65-0763495

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

RICHARD FULTON

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

6020 NW 69 MANOR

City

PARKLAND, FL

FL

Zip Code

33067

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)

3/27/01

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

TITLE D
NAME ADAMO, JACK
STREET ADDRESS 13309 DOUBLETREE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414 ☒ Delete

TITLE D
NAME FULTON, RICHARD P
STREET ADDRESS 2238 CYPRESS BEND DRIVE NORTH #108
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 6020 NW 69 MANOR
CITY-ST-ZIP PARKLAND, FL 33067 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01

Date

954-974-1299

Daytime Phone #

0123564

CR2E034 (10/00)