

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90315 041 ***150.00

DOCUMENT # P98000019289

1. Entity Name

LIGHTNING BAY PERFORMANCE MARINE, INC.

Principal Place of Business

**101 E. KENNEDY BLVD.
 SUITE 2800
 TAMPA FL**

Mailing Address

**101 E. KENNEDY BLVD.
 SUITE 2800
 TAMPA FL**

UUU4481U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3506675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THORN, W T III
 101 E. KENNEDY BLVD.
 SUITE 2800
 TAMPA FL**

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

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 **DVP** ☐ Delete
 NAME **FLANIGAN, MICHAEL G**
 STREET ADDRESS **101 E. KENNEDY BLVD. SUITE 2800**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DPST** ☒ Change ☐ Addition
 NAME **FLANIGAN, MICHAEL G.**

TITLE **DP** ☐ Delete
 NAME **FLANIGAN, JOHN G**
 STREET ADDRESS **101 E KENNEDY BLVD STE 2800**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **DVP** ☒ Change ☐ Addition
 NAME **FLANIGAN, JOHN G.**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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

Michael Flanigan **Michael Flanigan** 2/21/01 727-822-4470

Date

Daytime Phone #

CR2E034 (10/00)