

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
 07-10-2001 90131 037 ***550.00

0123987 AT

DOCUMENT # P99000063962

1. Entity Name
THUMPER ESTATE SERVICES, INC.

Principal Place of Business
**1944 CANAL RD.
 LAKE WALES FL 33853-9192**

Mailing Address
**1944 CANAL RD.
 LAKE WALES FL 33853-9192**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3588303**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIKELAIT, ROY D
 4411 COUNTY ROAD 542, EAST
 LAKELAND FL 33801**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **MIKELAIT, ROY D**
 STREET ADDRESS **4411 COUNTY ROAD 542, EAST**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Mikelait, Roy D**
 STREET ADDRESS **1944 Canal Rd**
 CITY-ST-ZIP **Lake Wales, FL 33898-9192**

TITLE **VPST** ☐ Delete
 NAME **MIKELAIT, PHOEBE**
 STREET ADDRESS **4411 COUNTY ROAD 542, EAST**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE **VPST** ☒ Change ☐ Addition
 NAME **Mikelait, Phoebe A.**
 STREET ADDRESS **1944 Canal Rd**
 CITY-ST-ZIP **Lake Wales, FL 33898-9192**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

Phoebe A. Mikelait VPST
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-01 863-640-4550

CR2E034 (5/01)