

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip Country Zip Country

FILED  
Jul 10, 2001 8:00 am  
Secretary of State

07-10-2001 90131 037 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3588303**  Applied For  
 Not Applicable

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

**6. Name and Address of Current 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

*Roy D. Mikela* Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7-6-01* 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 \$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**

TITLE PD  
NAME MIKELAIT, ROY D  
STREET ADDRESS 4411 COUNTY ROAD 542, EAST  
CITY-ST-ZIP LAKELAND FL 33801

Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**PD**  
Mikela, Roy D  
1944 Canal Rd  
Lake Wales, FL 33898-9192

Change  Addition

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

Delete

**VPST**  
Mikebit, Phoebe A  
1944 Canal Rd  
Lake Wales, FL 33898-9192

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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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:** *Roy D. Mikela, Phoebe A. Mikela* VPST **7-6-01** **863-640-4550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0123887 AT

CR2E034 (5/01)