

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90011-033-\$550.00-\$550.00

DOCUMENT # P99000098717

1. Entity Name

THUNDER PERFORMANCE MARINE SERVICE, INC.

Principal Place of Business

3433 TYRONE BLVD.
ST. PETERSBURG FL 33710

Mailing Address

3433 TYRONE BLVD.
ST. PETERSBURG FL 33710

2. Principal Place of Business

4701 95th Street N.

3. Mailing Address

4701 95th Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg

City & State

St. Petersburg

Zip

FL

Country

33708

Zip

FL

Country

33708

4. FEI Number

59-3606970

Applied For

Not Applicable

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

Name

Same

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

17706 Long Pointe Drive

City

Redington Shores

FL

Zip Code 33708

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

Ernest E. Weeks
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7-21-00

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 13, 2000 Min. 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 **PTD** ☐ Delete
NAME **WEEKS, ERNEST EUGENE**
STREET ADDRESS **112 115TH AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **Gordon + Krystle Kraft**
STREET ADDRESS **889 S. Heathwood Dr.**
CITY-ST-ZIP **Marco Island, FL** **C.E.O. + Director (Respectively)**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Ernest E. Weeks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00

Date

727 391 3848

Daytime Phone #

CR 0304 (5/00)

KE