

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098717

1. Entity Name

THUNDER PERFORMANCE MARINE SERVICE, INC.

Principal Place of Business

4701 95TH STREET N.  
ST. PETERSBURG FL 33708

Mailing Address

4701 95TH STREET N.  
ST. PETERSBURG FL 33708

2. Principal Place of Business

4701 95th St. (Same)

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3606970

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

WEEKS, ERNEST EUGENE  
17706 LONG POINTE DRIVE  
REDINGTON SHORES FL 33708

## 7. Name and Address of New Registered Agent

Name Weeks, Ernest Eugene

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

10641 117th Lane

City Seminole

FL

Zip Code 33778

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)

9/6/01

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 State10. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution  Added to Fees

## 11. OFFICERS AND DIRECTORS

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

TITLE PTD  
NAME WEEKS, ERNEST EUGENE  
STREET ADDRESS 112 115TH AVE., N.E.  
CITY-ST-ZIP ST. PETERSBURG FL 33716 DeleteTITLE PTD  
NAME Weeks, Ernest Eugene  
STREET ADDRESS 10641 117th Lane  
CITY-ST-ZIP Seminole, FL 33778 Change AdditionTITLE CFOD  
NAME KRYSLE KRAFT, GORDON  
STREET ADDRESS 889 S. HEATHWOOD DR.  
CITY-ST-ZIP MARCO ISLAND FL DeleteTITLE CFOD  
NAME Gordon Kraft  
STREET ADDRESS 889 S. Heathwood Drive  
CITY-ST-ZIP Marco Island, FL Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP DeleteTITLE  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ernest Weeks 9/6/01

727-391-3848

Date

Daytime Phone #

00000000000000000000000000000000

CR2E034 (5/01)