

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**  
 09-12-2001 90205 005 \*\*\*550.00

0090079 AV

**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**

**A0000040**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4701 95th St. (Same)**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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]*

**9/6/01**

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

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

TITLE **CFOD** ☐ Delete  
 NAME **KRYSTLE KRAFT, GORDON**  
 STREET ADDRESS **889 S. HEATHWOOD DR.**  
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition  
 NAME **Weeks, Ernest Eugene**  
 STREET ADDRESS **10641 117th Lane**  
 CITY-ST-ZIP **Seminole, FL 33778**

TITLE **CFOD** ☒ Change ☐ Addition  
 NAME **Gordon Kraft**  
 STREET ADDRESS **889 S. Heathwood Drive**  
 CITY-ST-ZIP **Marco Island, FL**

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE

*[Signature]* **Ernest E Weeks**

**9/6/01 727-391-3848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)