

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-10-2001 90112 029 ***150.00

DOCUMENT # P99000108664																											
1. Entity Name THUNDERBOLT OPERATIONS, INC.																											
Principal Place of Business 200 DIPLOMAT PARKWAY #329 HALLANDALE FL 33009		Mailing Address 200 DIPLOMAT PARKWAY #329 HALLANDALE FL 33009																									
2. Principal Place of Business		3. Mailing Address 13837 GULL WAY																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State CLEARWATER FLORIDA																									
Zip	Country	Zip 33762	Country U.S.A.																								
6. Name and Address of Current Registered Agent RITTER, GREGORY J ESQ. 200 DIPLOMAT PARKWAY #329 HALLANDALE FL 33009		7. Name and Address of New Registered Agent																									
Name		Name																									
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)																									
City		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 _____ (NOTE: Registered Agent signature required when reinstating)																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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

APR 15/01 416 749-6969
 Date Daytime Phone #