


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90119 005 ***150.00

DOCUMENT # P01000036581

1. Entity Name
MERRILL & LINDA LUND, L.M.T., INC.



Principal Place of Business
**5730 MARIMIN DR
BONITA SPRINGS FL 34135**

Mailing Address
**5730 MARIMIN DR
BONITA SPRINGS FL 34135**

2. Principal Place of Business
**27225 Galleon Drive
Suite, Apt. #, etc.
Bonita Springs Fl.
City & State**

3. Mailing Address
**27225 Galleon Dr
Suite, Apt. #, etc.
Bonita Springs Florida
City & State**

Zip **34135** Country **USA** Zip **34135** Country **USA**

4. FEI Number **65-1096512** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LUND, MERRILL
5730 MARIMIN DR
BONITA SPRINGS FL 34135**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP LUND, MERRILL 5730 MARIMIN DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUND, LINDA 5730 MARIMIN DR BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

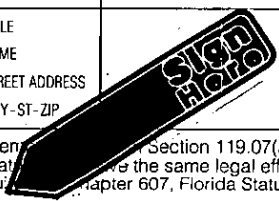
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature has 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Merrill Lund* **REQUIRED** **1/29/03** **239-592-0304**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES



CR2E034 (10/02)