

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90002 006 \*\*\*550.00

0136542 AT

**DOCUMENT # P36360**  
 1. Entity Name  
**KUNDE ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**10155 SONOMA HWY**      **P.O. BOX 639**  
**KENWOOD CA 95452**      **KENWOOD CA 95452**  
**US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **68-0190748**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MORRO, CHRISTOPHER R**  
**141600 PALMETTO FRONTAGE RD.**  
**STE 300**  
**MIAMI LAKES FL 33016**

**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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCHNEIDER, PETER S.</b>	
STREET ADDRESS	<b>623 SCOTLAND DR.</b>	
CITY-ST-ZIP	<b>SANTA ROSA CA</b>	
TITLE	<b>VSTD</b>	<input type="checkbox"/> Delete
NAME	<b>KUNDE, WILLIAM S.</b>	
STREET ADDRESS	<b>10155 SONOMA HWY</b>	
CITY-ST-ZIP	<b>KENWOOD CA</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>KUNDE, ARTHUR W.</b>	
STREET ADDRESS	<b>10745 SONOMA HIGHWAY</b>	
CITY-ST-ZIP	<b>KENWOOD CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUNDE, KEITH L.</b>	
STREET ADDRESS	<b>10155 SONOMA HWY</b>	
CITY-ST-ZIP	<b>KENWOOD CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUNDE, FREDERICK KURT</b>	
STREET ADDRESS	<b>310 CYPRESS AVE</b>	
CITY-ST-ZIP	<b>KENWOOD CA 95452</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUNDE, JEFFREY</b>	
STREET ADDRESS	<b>10745 SONOMA HWY</b>	
CITY-ST-ZIP	<b>KENWOOD CA</b>	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED *August 15, 2001 William S. Kunde 707-833-5501*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)