

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90042 011 ***150.00

0629690 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 Applied For
68-0190748 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	P <input checked="" type="checkbox"/> Delete
NAME	SCHNEIDER, PETER S.
STREET ADDRESS	623 SCOTLAND DR.
CITY-ST-ZIP	SANTA ROSA CA
TITLE	VSTD <input type="checkbox"/> Delete
NAME	KUNDE, WILLIAM S.
STREET ADDRESS	10155 SONOMA HWY
CITY-ST-ZIP	KENWOOD CA
TITLE	CD <input type="checkbox"/> Delete
NAME	KUNDE, ARTHUR W.
STREET ADDRESS	10745 SONOMA HIGHWAY
CITY-ST-ZIP	KENWOOD CA
TITLE	D <input type="checkbox"/> Delete
NAME	KUNDE, KEITH L.
STREET ADDRESS	10155 SONOMA HWY
CITY-ST-ZIP	KENWOOD CA
TITLE	D <input type="checkbox"/> Delete
NAME	KUNDE, FREDERICK KURT
STREET ADDRESS	310 CYPRESS AVE
CITY-ST-ZIP	KENWOOD CA 95452
TITLE	D <input type="checkbox"/> Delete
NAME	KUNDE, JEFFREY
STREET ADDRESS	10745 SONOMA HWY
CITY-ST-ZIP	KENWOOD CA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Albert Chase, Jr.
STREET ADDRESS	4240 Dry Creek Road
CITY-ST-ZIP	Napa, CA 94558
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** *Donald A. Chase* **3/1/02** **707-833-5501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)