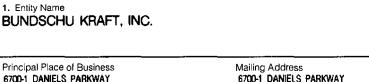
## **FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90077 050 \*\*\*150.00

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

637362 **DOCUMENT #** 



BUNDSCI										
Principal Place 6700-1 DANIE FORT MYERS		67 <b>00</b> -	Mailing Address 6700-1 DANIELS PARKWAY FORT MYERS FL 33912				( <b>7)</b> 11(14 1 <b>1) 6</b>	41 <b>01 040</b> 14 <b>0</b> 10		B   B   B   B      1887
2. Principal F	Place of Business	3. Ma	iling Address							
<u> </u>										
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	City	City & State			4. FEI Number	59-2086546		<del></del>	applied For
Zip	Country	Zip		Country		= <b>5</b> ≍Certificate of	Status Desired	=====	8.75 Ad	lditional _
	6 Name and Address	es of Current Register	ed Agent				ddress of New Re	<u> </u>	ee Require	ed
6. Name and Address of Current Registered Agent						7. Haine and A	adiess of New Ne	Jistereu A	<del>jent</del>	
BUNDSCHU, CHARLES C., III 6700-1 DANIELS PARKWAY					Street Address (P.O. Box Number is Not Acceptable)					
FORT MY			·							
				City		<del></del>	*****	FL	Zip Cod	de .
	named entity submits this	s statement for the purp	ose of changing its re	egistered office or	registere	d agent, or both,	in the State of Florid	da. I am fa	miliar with	, and accept
	ions of registered agent.									
SIGNATURE .	Signature, typed or printed name of	of registered agent and title if app	olicable. (NOTE:	Registered Agent signatu	re required w	hen reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							ion Campaign Final Fund Contribution.	ncing		00 May Be d to Fees
10.		FICERS AND DIRECTO	DRS	11.		ADDITIONS/CI	HANGES TO OFFIC	ERS AND	DIRECTOF	RS IN 11
TITLE .  NAME  STREET ADDRESS  CHTY-ST-ZIP	DV KRAFT, DAN 6700-1 DANIELS PAF FORT MYERS FL 339		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUNDSCHU, CHARL 6700-1 DANIELS PAR FORT MYERS FL 339	rkway	Delete	NAME STREET ADDRESS CITY-ST-ZIP		man die die	-	<b></b>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUNDSCHU, GAYLE 6700-1 DANIELS PAF FORT MYERS FL 339	rkway	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	***************************************				☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. ,			☐ Change	Addition
TITLE NAME STREET ADDRESS		**************************************	☐ Delete	TITLE NAME STREET ADDRESS			<del></del>		Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 regioner 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 all other like empowered. changed, or on an attachment with

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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