

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790919

1. Entity Name

SECO & GOLDEN "100" INC.

Principal Place of Business

Mailing Address

ESSEX STREET - MUNICIPAL AIRPORT
P.O. BOX 323
DELAND FL 32721-0323

ESSEX STREET - MUNICIPAL AIRPORT
P.O. BOX 323
DELAND FL 32721-0323

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

58-0619566

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

7. Name and Address of New Registered Agent

RONALD D EDMUNDSON
1600 ESSEX AVE - MUNICIPAL AIRPORT
DELAND FL 32724

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME FATSON, BRUCE
STREET ADDRESS 5500 CHESTNUT AVE
CITY-ST-ZIP NEWPORT NEWS VA 23605

TITLE ☒ Change ☐ Addition
NAME MATSON, BRUCE
STREET ADDRESS (spelling correction)
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME MARTIN, TIM
STREET ADDRESS 4001 LEXINGTON AVE N
CITY-ST-ZIP ARDEN HILLS MN 55126-2992

TITLE D ☒ Change ☐ Addition
NAME Bob Walker
STREET ADDRESS 2101 Delafield Street
CITY-ST-ZIP Waukesha, WI 53188

TITLE D ☒ Delete
NAME WILBERDING, BILL
STREET ADDRESS 2110 HOLDEN AVE
CITY-ST-ZIP DAVENPORT IA 52808

TITLE ☒ Change ☐ Addition
NAME Dean Grabow
STREET ADDRESS 101 South Swift Ave
CITY-ST-ZIP Litchfield, MN 55355

TITLE D ☐ Delete
NAME GEORGE JOHNSON
STREET ADDRESS 635 ELLIOTT AVE W
CITY-ST-ZIP SEATTLE WA 49819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DDM ☐ Delete
NAME SCHRIVER, D
STREET ADDRESS 10220 N EXECUTIVE HILLS BLVD
CITY-ST-ZIP KANSAS CITY MO 64153

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CB ☐ Delete
NAME KULLMANN, DONALD
STREET ADDRESS 1100 N BROADWAY
CITY-ST-ZIP CARLINVILLE IL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, 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.

SIGNATURE:

Ronald Edmundson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

Daytime Phone #

0066125

CR2E037 (9/01)