

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000774**

1. Entity Name

MUNDELL INVESTMENTS, LTD.

Principal Place of Business

**2739 SO. ATLANTIC AVE., UNIT 1707
DAYTONA BEACH FL 32118**

Mailing Address

**2739 SO. ATLANTIC AVE., UNIT 1707
DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

2937 So. Atlantic

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1707

City & State

Dayt.

City & State

Dayt. Bch Fl.

Zip

Country

U.S.A.

Zip

32118

Country

U.S.A.

6. Name and Address of Current Registered Agent

**MUNDELL, JOHN C
2739 SO. ATLANTIC AVE., UNIT 1707
DAYTONA BEACH FL 32118**

4. FEI Number

59-3581752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED

01 FEB 16 AM 9:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



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

9. Capital Contributions
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000043348**
NAME **MUNDELL MANAGEMENT, INC.**
STREET ADDRESS **2739 SO. ATLANTIC AVE., UNIT 1707**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)