

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22697

1. Entity Name

C.A. WUNDER ENGINEERING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90564 001 ***150.00

04-26-2000 90564 002 *****8.75

Principal Place of Business

Mailing Address

% CHARLES A WUNDER
950 COUNTRY CLUB BLVD
CAPE CORAL FL 33990

%CHARLES A WUNDER, JR
950 COUNTRY CLUB BLVD
CAPE CORAL FL 33990-3074
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2130760

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WUNDER, CHARLES A. JR
1319 SE 33RD TERRACE
CAPE CORAL FL 33904

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WUNDER, CHARLES A. JR	
STREET ADDRESS	1319 SE 33RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WUNDER, MELVINE A.	
STREET ADDRESS	12620 EAGLE RD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	WUNDER, ATHENA	
STREET ADDRESS	1319 SW 33RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TURNER, KENT L	
STREET ADDRESS	6341 STALEY FARMS ROAD	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WUNDER, NATHAN C	
STREET ADDRESS	1319 S E 33RD TERR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK M. Wunder	
STREET ADDRESS	1319 S.E. 33RD Terrace	
CITY-ST-ZIP	Cape Coral, FL 33904	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

(941) 574-8828

Daytime Phone #

CR2E034 (9/99)