

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F22697

1. Entity Name

C.A. WUNDER ENGINEERING, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90340 036 ***150.00

| | |
|---|--|
| Principal Place of Business % CHARLES A WUNDER 950 COUNTRY CLUB BLVD CAPE CORAL FL 33990 | Mailing Address %CHARLES A WUNDER, JR 950 COUNTRY CLUB BLVD CAPE CORAL FL 33990 US |
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|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | |
|----------------------------------|--------------------------|--|
| 4. FEI Number | 59-2130760 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent WUNDER, CHARLES A. JR 1319 SE 33RD TERRACE CAPE CORAL FL 33904 | 7. Name and Address of New Registered Agent Name: Wunder, Charles A. Jr. Street Address (P.O. Box Number is Not Acceptable): 12620 Eagle Rd. City: Cape Coral FL Zip Code: 33909 |
|---|---|

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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTDV WUNDER, CHARLES A. JR 1319 SE 33RD TERRACE CAPE CORAL FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WUNDER, MELVINE A. 12620 EAGLE RD CAPE CORAL FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS WUNDER, ATHENA 1319 SW 33RD TERRACE CAPE CORAL FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD WUNDER, ATHENA 12620 Eagle Rd. CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TURNER, KENT L 6341 STALEY FARMS ROAD FT MYERS FL 33905 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PATRICK M. WUNDER 1319 S.E. 33RD TERRACE CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WUNDER, NATHAN C 1319 S E 33RD TERR CAPE CORAL FL 33904 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WUNDER, NATHAN C. 12620 Eagle Rd. CAPE CORAL, FL 33909 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JOSEPH R. FRANCIONI 837 S.W. 2ND AVENUE CAPE CORAL, FL 33991 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

13. I hereby certify that the information supplied on 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

2-20-01 (941) 574-8828

Date

Daytime Phone #

CR2E034 (10/00)

0539730