

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003833

1. Entity Name

LUND CONSTRUCTION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90111 017 ***150.00

Principal Place of Business
816 NE 87TH AVE.
VANCOUVER WA 98664

Mailing Address
816 NE 87TH AVE.
VANCOUVER WA 98664-1915

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **91-1197974**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LUND, RANDY
16735 BAY CLUB DR.
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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

TITLE	CPD	<input type="checkbox"/> Delete
NAME	LUND, VICTOR	
STREET ADDRESS	816 NE 87TH AVE.	
CITY-ST-ZIP	VANCOUVER WA 98664	
TITLE	CV	<input type="checkbox"/> Delete
NAME	LUND, RANDY	
STREET ADDRESS	16735 BAY CLUB DR.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HALL, MARK	
STREET ADDRESS	816 NE 87TH AVE.	
CITY-ST-ZIP	VANCOUVER WA 98664	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
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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: Mark Hall 360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01-20-00 892-9090
Date Daytime Phone #

CR2E034 (9/99)