

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001091

1. Entity Name

BUNDY AMERICAN CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90253 038 ***150.00

Principal Place of Business

Mailing Address

11460 CRONRIDGE DR., STE. 120
OWINGS MILLS MD 21117

11460 CRONRIDGE DR., STE. 120
OWINGS MILLS MD 21117-2264

2. Principal Place of Business

3. Mailing Address

10324 S. Dolfield Rd.
Suite, Apt. #, etc.

10324 S. Dolfield Rd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Owings Mills, MD

City & State

Owings Mills, MD

4. FEI Number

52-2039501

Applied For

Not Applicable

Zip

21117

Country

US

Zip

21117

Country

US

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

BLUM, KENNETH SR.
17133 ERICA ROSE CT.
BOCA RATON FL 33496

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

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 C ☐ Delete
NAME BLUM, KENNETH SR.
STREET ADDRESS 17133 ERICA ROSE CT.
CITY-ST-ZIP BOCA RATON FL 33496

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

TITLE C ☐ Delete
NAME RICHTER, WILLIAM
STREET ADDRESS 11460 CRONRIDGE DR., STE. 120
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE C ☐ Change ☐ Addition
NAME RICHTER, WILLIAM
STREET ADDRESS 10324 S. DOLFIELD ROAD
CITY-ST-ZIP OWINGS MILLS, MD 21117

TITLE DPS ☐ Delete
NAME BLUM, KENNETH JR.
STREET ADDRESS 11460 CRONRIDGE DR., STE. 120
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE DPS ☐ Change ☐ Addition
NAME BLUM, KENNETH JR.
STREET ADDRESS 10324 S. DOLFIELD ROAD
CITY-ST-ZIP OWINGS MILLS, MD 21117

TITLE D ☐ Delete
NAME AUFZIEN, ALAN
STREET ADDRESS 11460 CRONRIDGE DR., STE. 120
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE D ☐ Change ☐ Addition
NAME AUFZIEN, ALAN
STREET ADDRESS 10324 S. DOLFIELD ROAD
CITY-ST-ZIP OWINGS MILLS, MD 21117

TITLE V ☐ Delete
NAME SHAFFRON, LORI
STREET ADDRESS 11460 CRONRIDGE DR., STE. 120
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE V ☐ Change ☐ Addition
NAME SHAFFRON, LORI
STREET ADDRESS 10324 S. DOLFIELD ROAD
CITY-ST-ZIP OWINGS MILLS, MD 21117

TITLE T ☐ Delete
NAME GHARAMANLOU, MITRA
STREET ADDRESS 11460 CRONRIDGE DR., STE. 120
CITY-ST-ZIP OWINGS MILLS MD 21117

TITLE T ☐ Change ☐ Addition
NAME GHARAMANLOU, MITRA
STREET ADDRESS 10324 S. DOLFIELD ROAD
CITY-ST-ZIP OWINGS MILLS, MD 21117

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/00 (410)581-5755

Date

Daytime Phone #