


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90015 017 ***150.00

DOCUMENT # J12057
1. Entity Name
WILLIAM ELMER SUNDSTROM, P.A.



DO NOT WRITE IN THIS SPACE

44001523

2. Principal Place of Business 2548 Blairstone Pines Dr. Suite, Apt. #, etc.		3. Mailing Address 2548 Blairstone Pines Dr. Suite, Apt. #, etc.		4. FEI Number 59-2666520		Applied For Not Applicable	
City & State Tallahassee, FL		City & State Tallahassee, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 32301	Country USA	Zip 32301	Country USA				

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SUNDSTROM, William Elmer

Street Address (P.O. Box Number is Not Acceptable)
2548 Blairstone Pines Dr.

City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SUNDSTROM, William E. 2548 Blairstone Pines Dr. Tallahassee, FL 32301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: William Elmer Sundstrom 1-12-04 Date 850-877-6555 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment
#J12057
44001524

I TRIED YOUR WEB
~~SITE~~ SITE WITH CC
NEED PAGE WANTED
E-MAIL ENTERED ON
ONLY PLACE I SAW GRESS
WAS NOT CORRECT PLACE

[Signature]