

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J41638

1. Entity Name
LUNDGREN AND ASSOCIATES, INC.

Principal Place of Business
15171 CEDARWOOD LANE
#3201
NAPLES FL 34110

Mailing Address
P.O. BOX 1239
BONITA SPRINGS FL 34133-1239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0220817

Applied For

Not Applicable

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

LUNDGREN, DAVID S
15171 CEDARWOOD LANE
#3201
NAPLES FL 33963

Name
DAVID S. LUNDGREN

Street Address (P.O. Box Number is Not Acceptable)

15171 Cedarwood Lane #3401

City
Naples

FL

Zip Code
34110

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/2001

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
LUNDGREN, DAVID S
15171 CEDARWOOD LANE #3201
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres + Treas ☒ Change ☐ Addition
15171 Cedarwood Lane #3401
Naples, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LUNDGREN, SCOTT D
15171 CEDARWOOD LANE #3201
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. ☒ Change ☐ Addition
Lundgren, Scott D.
15171 Cedarwood Lane #3401
Naples, FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2001

Date

941-594862

Domestic Phone #

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90093 008 ***550.00

00062692



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)