2000 UNIFORM BUSINESS REPORT (UBR)

4/10/00

DOCUMENT # K00761

1. Entity Name

~~LUNZ AND ASSOCIATES, INC.~~

NC 1/21/00

LUNZ PREBOR FOWLER ARCHITECTS, INC.

FILED
00 APR 10 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
634236

Principal Place of Business	Mailing Address
~~44 LK. MORTON DR.~~ 58 LAKE MORTON DR. LAKELAND FL 33801	~~44 LK. MORTON DR.~~ 58 LAKE MORTON DR. LAKELAND FL 33801-5343

DO NOT WRITE IN THIS SPACE
04/10/00 90010 015 193.75

2. Principal Place of Business	3. Mailing Address
58 LAKE MORTON DR. Suite, Apt. #, etc.	58 LAKE MORTON DR. Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND FL
Zip: 33801 Country: USA	Zip: 33801 Country: USA

4. FEI Number 59-2853955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired 5 ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLARK, RONALD L. 4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33803	Name: EDWARD G. LUNZ Street Address (P.O. Box Number is Not Acceptable): 58 LAKE MORTON DR. City: LAKELAND FL Zip Code: 33801

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: EDWARD G. LUNZ, PRESIDENT — DATE: 4-3-00
Signature, typed or printed name of registered agent and title if 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LUNZ, EDWARD G. 916 WEDGEWOOD LANE LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOWLER, A D 2621 BERKELEY AVE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PREBOR, VICTOR M III 1108 BARTOW RD APT I-106 LAKELAND FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / 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: [redacted] 4-3-00 (863) 682-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #