

1/10/01-9

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

01-10-2001 90133 025 ***150.00

DOCUMENT # P00000056285			
1. Entity Name KUNDLAS, INC.			
Principal Place of Business 2064 HEMMINGWAY AVE HAINES CITY FL 33844		Mailing Address 2064 HEMMINGWAY AVE HAINES CITY FL 33844	
2. Principal Place of Business 110 Wyndham Dr. Suite, Apt. #, etc.		3. Mailing Address 110 Wyndham Dr. Suite, Apt. #, etc.	
City & State Winter Haven, FL Zip 33881 Country USA		City & State Winter Haven, FL Zip 33881 Country	
4. FEI Number 59-3650250		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNDLAS, KULMEET S 2064 HEMMINGWAY AVE HAINES CITY FL 33844		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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD KUNDLAS, KULMEET S 2064 HEMMINGWAY AVE HAINES CITY FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kulmeet S Kundlas		Date 1/4/01 Daytime Phone # 863-674-8815	

CR2E034 (10/00)