

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90005 024 ***150.00

05/16/2002 AT

DOCUMENT # P00000104284

1. Entity Name

DEANNA MUNKSGARD, INC.

Principal Place of Business

**115 NE 5TH STREET
 CHIEFLAND FL 32626**

Mailing Address

**PO BOX 2304
 CHIEFLAND FL 32644**

2. Principal Place of Business

10531 NW 68th Terrace

3. Mailing Address

P.O. Box 2304

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIEFLAND FL

City & State

CHIEFLAND FL

4. FEI Number

59-3678925

Applied For

Not Applicable

Zip

Country

32626 USA

Zip

Country

32644 USA

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

Name

DEANNA MUNKSGARD

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

10531 NW 68th Terrace

City

CHIEFLAND

FL

Zip Code

32644

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

DEANNA MUNKSGARD
Deanna Munksgard

4-17-02

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

(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.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MUNKSGARD, DEANNA**
 CITY-ST-ZIP **115 NE 5TH STREET
 CHIEFLAND FL 32626**

10531 NW 68th Terrace

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

DEANNA MUNKSGARD
Deanna Munksgard

4-17-02 352-493-0312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)