

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000106020**

1. Entity Name
GORDON LUNDEEN BUILDING CONTRACTOR, INC.

FILED

02 NOV - 4 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5810 PAPAYA DRIVE
FORT PIERCE FL 34982**

Mailing Address

**5810 PAPAYA DRIVE
FORT PIERCE FL 34982**

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

59-3752400

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

**J. CURTIS BOYD, ESQUIRE
302 SOUTH SECOND STREET
FORT PIERCE FL 34950**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-31-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **LUNDEEN, GORDON**
STREET ADDRESS **5810 PAPAYA DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

TITLE ☐ Change ☐ Addition
NAME **700008582857**
STREET ADDRESS **10/25/02--01011--007**
CITY-ST-ZIP ****750.00**

TITLE **ST** ☐ Delete
NAME **LUNDEEN, REBECCA**
STREET ADDRESS **5810 PAPAYA DRIVE**
CITY-ST-ZIP **FORT PIERCE FL 34982**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-02

Date

772-595-0509

Daytime Phone #

CR2E034 (4/02)