

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 013 ***150.00

0514574 AV

DOCUMENT # P02000073962

1. Entity Name
L. D. BRUNDAGE, INC.



Principal Place of Business
**1910 S.E. 45TH STREET
CAPE CORAL FL 33904**

Mailing Address
**1910 S.E. 45TH STREET
CAPE CORAL FL 33904**



2. Principal Place of Business

**16450 S. TAMiami TRL
Suite, Apt. #, etc.
Suite #6**

3. Mailing Address

**16450 S. TAMiami TRL
Suite, Apt. #, etc.
Suite #6**

☐ CHECK HERE IF MAKING CHANGES

City & State
FT Myers, Florida

City & State
FT Myers, Florida

FEL Number
82 0552333

Applied For
☐ Not Applicable

Zip
33908

Country
USA

Zip
33908

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRUNDAGE, LARRY D
1910 S.E. 45TH STREET
CAPE CORAL FL 33904**

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

SIGNATURE *Larry Brundage*
Signature, typed or printed name of registered agent and title if applicable.

LARRY BRUNDAGE Pres
(NOTE: Registered Agent signature required when reinstating)

4/30/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BRUNDAGE, LARRY D**
STREET ADDRESS **1910 S.E. 45TH STREET**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Brundage*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 239-985-0772
Date Daytime Phone #

CR2E034 (10/02)