

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90006 037 \*\*\*150.00

**DOCUMENT # P02000096290**



1. Entity Name  
**LUNDEEN. CONSTRUCTION, INC.**

Principal Place of Business  
**360 SW 1ST TERRACE  
POMPANO BEACH FL 33060**

Mailing Address  
**360 SW 1ST TERRACE  
POMPANO BEACH FL 33060**



2. Principal Place of Business  
**360 SE 1st Terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**360 SE 1st Terrace**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach Fla.**

City & State  
**Pompano Beach Fla.**

4. FEI Number  
**56-2289715**

Applied For  
 Not Applicable

Zip Country  
**33060 Broward**

Zip Country  
**33060 Broward**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LUNDEEN, LARRY  
360 SW 1ST TERRACE  
POMPANO BEACH FL 33060**

**7. Name and Address of New Registered Agent**

Name **LUNDEEN, LARRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**360 SE 1st Terrace**  
City **Pompano Beach** FL Zip Code **33060**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> Delete<br><b>LUNDEEN, LARRY</b><br><b>360 SW 1ST TERRACE</b><br><b>POMPANO BEACH FL 33060</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>LUNDEEN, LARRY</b><br><b>360 SE 1st Terrace</b><br><b>Pompano Beach fl. 33060</b><br><i>to address</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 Lundeen** **SIGNATURE REQUIRED** **Larry Lundeen** **1-3-03** **954 8292439**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)