

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001625

1. Entity Name

DON CUNDIFF, CPA, P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90056 028 \*\*\*150.00

Principal Place of Business

Mailing Address

150 COCONUT DRIVE  
 INDIALANTIC FL 32903  
 US

~~245 ROSS AVE.~~  
 MELBOURNE BEACH FL 32951-3223

2. Principal Place of Business

3. Mailing Address

P.O. Box 4013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIALANTIC FL

Zip

Country

Zip

Country

32903

U.S.

4. FEI Number

59-3159074

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

CUNDIFF, DON  
 245 ROSS AVE.  
 MELBOURNE BEACH FL 32951

Name

DON CUNDIFF

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

150 COCONUT DRIVE

City

INDIALANTIC

FL

Zip Code

32903

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

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, 2000 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 CUNDIFF, DON  
 CITY-ST-ZIP 245 ROSS AVE.  
 MELBOURNE BEACH FL 32951

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS P.O. Box 4013  
 CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

321-725-5818

Date

Daytime Phone #

CR2E034 (9/99)