

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001625

1. Entity Name
DON CUNDIFF, CPA, P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90011 030 ***150.00

Principal Place of Business
150 COCONUT DRIVE
INDIALANTIC FL 32903
US

Mailing Address
P O BOX 4013
INDIALANTIC FL 32903

134120



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 777 HWY A1A		3. Mailing Address Suite, Apt. #, etc. SUITE 203	
City & State INDIALANTIC FL		City & State	
Zip 32903	Country U.S.	Zip	Country
4. FEI Number 59-3159074		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CUNDIFF, DON 150 COCONUT DRIVE INDIALANTIC FL 32903		7. Name and Address of New Registered Agent Name CUNDIFF, DON Street Address (P.O. Box Number is Not Acceptable) 777 HWY A1A #203 City INDIALANTIC FL Zip Code 32903	
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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 *Don Cundiff* DATE 4/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY-1, 2001, Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust-Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNDIFF, DON P O BOX 4013 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Don Cundiff* DATE 4/24/01 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)