

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

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90237 035 \*\*\*150.00

<b>DOCUMENT #</b> P93000001625
<b>1. Entity Name</b>
DON CUNDIFF CPA PA

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 667 Ashley Circle Suite, Apt. #, etc.		<b>3. Mailing Address</b> P O BOX 121677 Suite, Apt. #, etc.	
<b>City &amp; State</b> MELBOURNE, FL		<b>City &amp; State</b> MELBOURNE, FL	
<b>Zip</b> 32904	<b>Country</b> US	<b>Zip</b> 32912-1677	<b>Country</b> US

<b>4. FEI Number</b> 59-3159074	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	

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<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> DON CUNDIFF	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 667 Ashley Circle	
<b>City</b> MELBOURNE	<b>Zip Code</b> 32904

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

**9. Election Campaign Financing** ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D DON CUNDIFF PO BOX 121677 MELBOURNE FL 32912-1677
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**11.**

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Don Cundiff*

DON CUNDIFF, DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2007

Date

321-725-5818

Daytime Phone #