

158.75

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000040606**

1. Entity Name

**LUNDY, ASSOCIATES INTERNATIONAL, INC.****FILED****00 APR 14 PM 3:49****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA***aa*  
*4-14*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3444 AVE E NW  
WINTER HAVEN FL 33880**

Mailing Address

**PO BOX 93496  
LAKELAND FL 33804-3496**

2. Principal Place of Business

**1507 Lakeland Hills Blvd**

Suite, Apt. #, etc.

**Suite #107**

City &amp; State

**Lakeland, Florida**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

**33805**

Country

**USA**

Country

4. FEI Number

**59-3446863**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LUNDY, LYNVILLE  
3444 AVE E NW  
WINTER HAVEN FL 33880**

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.

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

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>LUNDY, TIMOTHY A</b>      |                                 |
| STREET ADDRESS | <b>3444 AVE E NW</b>         |                                 |
| CITY-ST-ZIP    | <b>WINTER HAVEN FL 33883</b> |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                                              |
|----------------|--------------------------------------|--------------------------------------------------------------|
| TITLE          | <b>P</b>                             | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           | <b>Lundy, Timothy A</b>              |                                                              |
| STREET ADDRESS | <b>1507 Lakeland Hills Blvd #107</b> |                                                              |
| CITY-ST-ZIP    | <b>Lakeland, FL 33805</b>            |                                                              |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-ST-ZIP    |  |                                                              |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-ST-ZIP    |  |                                                              |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-ST-ZIP    |  |                                                              |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |  |                                                              |
| STREET ADDRESS |  |                                                              |
| CITY-ST-ZIP    |  |                                                              |

|                |  |                                                              |
|----------------|--|--------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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)(a), 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, changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00 863 816 1756