

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
 05-17-2001 91349 009 ***150.00

0400217

DOCUMENT # P97000107971

1. Entity Name
EDMUND D. BRUNDELL, D.C., P.A.

Principal Place of Business Mailing Address
3665 BONITA BEACH RD. **3665 BONITA BEACH RD.**
BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134**

2. Principal Place of Business 3. Mailing Address
9138 Bonita Beach Rd **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Bonita Springs **FL**

Zip Country Zip Country
34135 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3489004 Not Applicable

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

6. Name and Address of Current Registered Agent
BRUNDELL, EDMUND D
3665 BONITA BEACH RD.
BONITA SPRINGS FL 34134

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 Edmund D BrundeLL Edmund D BrundeLL 4.16.01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRUNDELL, EDMUND D 3665 BONITA BEACH RD. BONITA SPRINGS FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Edmund D BrundeLL 4.16.01 (941) 947-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)