


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90481 010 \*\*\*150.00

<b>DOCUMENT #</b> P98000022526	
<b>1. Entity Name</b> T.G. RUNDELL, P.A.	

<b>Principal Place of Business</b> 6150 SW 76TH ST. S. MIAMI FL 33143	<b>Mailing Address</b> 14700 SW 87TH CT D302 MIAMI FL 33176
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<b>2. Principal Place of Business</b> 3520 Islandwalk Cir. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 110687 Suite, Apt. #, etc.
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<b>City &amp; State</b> Naples, FL	<b>City &amp; State</b> Naples, FL
<b>Zip</b> 34119	<b>Country</b> USA
<b>Zip</b> 34008	<b>Country</b> USA

<b>4. FEI Number</b> 65-0818534	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  RUNDELL, THOMAS G 6150 SW 76TH ST. MIAMI FL 33143
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<b>7. Name and Address of New Registered Agent</b>  Name <u>Glen Rundell</u> Street Address (P.O. Box Number is Not Acceptable) <u>3520 Islandwalk Cir.</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34119</u>
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<b>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.</b>	
SIGNATURE <u>T. J. L. Reed</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1/9/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNDELL, THOMAS G 6150 SW 76TH ST. S. MIAMI FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

<b>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>	
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<b>SIGNATURE:</b> <u>STENSLI REED</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>1/9/03</u> <small>Date</small>	<u>3055861222</u> <small>Daytime Phone #</small>
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CR2E034 (10/02)