

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020272

1. Entity Name

S. DENICE LUND, CPA, P.A.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90037 031 ***150.00

Principal Place of Business

1001 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

Mailing Address

1001 NORTH WASHINGTON BLVD.
SARASOTA FL 34236-3425

2. Principal Place of Business

6320 Venture Drive

3. Mailing Address

6320 Venture Drive

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0902767

Applied For

Not Applicable

Zip

34202

Country

USA

Zip

34202

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUND, S. DENICE
1001 NORTH WASHINGTON BLVD.
SARASOTA FL 34236

Name Same

Street Address (P.O. Box Number is Not Acceptable)

6320 Venture Drive

Suite 202

City

Bradenton

FL

Zip Code

34202

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

2/10/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00

Date

941-907-9040

Daytime Phone #

CR2E034 (9/99)