

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-17-2000 90037 031 ***150.00

DOCUMENT # P99000020272

1. Entity Name
S. DENICE LUND, CPA, P.A.

Principal Place of Business
**1001 NORTH WASHINGTON BLVD.
 SARASOTA FL 34236**

Mailing Address
**1001 NORTH WASHINGTON BLVD.
 SARASOTA FL 34236-3425**

020160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6320 Venture Drive
 Suite, Apt. #, etc.
202

3. Mailing Address
6320 Venture Drive
 Suite, Apt. #, etc.
202

City & State
Bradenton FL
 Zip
34202 Country
USA

City & State
Bradenton FL
 Zip
34202 Country
USA

4. FEI Number
65-0902767

Applied For
 Not Applicable

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.

2/10/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to file 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete				President	6320 Venture Dr #202 Bradenton FL 34202
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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)