

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90179 019 ***150.00

DOCUMENT # P99000020272

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

Principal Place of Business

**6320 VENTURE DR
 202
 BRADENTON FL 34202**

Mailing Address

**6320 VENTURE DR
 202
 BRADENTON FL 34202**

2. Principal Place of Business

**1133 4th St
 Suite, Apt. #, etc.
 300**

Sarasota FL

**Zip Country
 34236 Sarasota**

3. Mailing Address

**1133 4th St
 Suite, Apt. #, etc.
 300**

Sarasota FL

**Zip Country
 34236 Sarasota**



DO NOT WRITE IN THIS SPACE

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

**LUND, DENICE S
 6320 VENTURE DR
 STE 202
 BRADENTON FL 34202**

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

S. Denice Lund
S. Denice Lund

1/8/02

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, 2002 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 **P** ☐ Delete
 NAME **DENICE LUND, S**
 STREET ADDRESS **6320 VENTURE DR #202**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **S. Denice Lund**
 STREET ADDRESS **1133 4th St; Ste 300**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

S. Denice Lund
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

Date

941-907-9040

Daytime Phone #

CR2E034 (9/01)