

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000020272		
1. Entity Name S. DENICE LUND, CPA, P.A.		
Principal Place of Business 1133 4TH STREET 300 SARASOTA, FL 34236		Mailing Address 1133 4TH STREET 300 SARASOTA, FL 34236
2. Principal Place of Business 1480 Brookhaven Trace Suite, Apt. #, etc.		3. Mailing Address 3530 Ashford Dunwoody Dr Suite, Apt. #, etc. 379
City & State Atlanta GA		City & State Atlanta GA
Zip 30319	Country USA	Zip 30319
Country USA		Country USA
4. FEI Number 65-0902767		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Betty S. Richardson Street Address (P.O. Box Number is Not Acceptable) 5332 Sandhanna Place City Longboat Key FL Zip Code 34228
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. SIGNATURE: <u><i>Betty S. Richardson</i></u> DATE: <u>4/30/02</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when enclosing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUND, S. DENISE 1133 4TH STREET, SUITE 300 SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	Pres S. De Nice Lund 1480 Brookhaven Trace Atlanta GA 30319
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.		
SIGNATURE: <u><i>[Signature]</i></u>		DATE: <u>4/15/03</u> 404-816-6929
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>

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CHECK HERE IF MAKING CHANGES

CRE004 (10/02)