

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

05-29-2002 93598 011 150.00
P09000043348

DOCUMENT # P990000043348

1. Entity Name

MUNDALL MANAGEMENT, INC ✓

02 JUL 15 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

673727

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 N. ATLANTIC AVE

3. Mailing Address

465 TOWER ROAD

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL

City & State
BARRINGTON, IL

4. FEI Number

59-3581752

Applied For

Not Applicable

Zip Country
32118 USA

Zip Country
60010 USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christine Pepper John C. Mundall

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

465 Tower Road Atlantic Beach

Barrington IL 60010

City Zip Code
Daytona Beach FL 32118

**DO NOT WRITE
IN THIS SPACE**

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)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/DIRECTOR
JOHN C. MUNDALL
2300 N ATLANTIC AVE # 101
DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/DIRECTOR
CHRISTINE PEPPER
465 TOWER ROAD
BARRINGTON, IL 60010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director
John C. Mundall

Date
April 22, 02
Daytime Phone
847-342-5091

7/15/02