

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90185 029 ***150.00

DOCUMENT # **P99000043348**

1. Entity Name
MUNDELL MANAGEMENT, INC.



Principal Place of Business
**2300 N. ATLANTIC AVE
#101
DAYTONA BEACH FL 32118**

Mailing Address
**2300 N. ATLANTIC AVE
#101
DAYTONA BEACH FL 32118**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
465 TOWER ROAD
Suite, Apt. #, etc.

3. Mailing Address
465 TOWER ROAD
Suite, Apt. #, etc.

City & State
BARRINGTON IL

City & State
BARRINGTON IL

4. FEI Number
59-3581752

Applied For
 Not Applicable

Zip Country
60010 UNITED STATES **60010 - UNITED STATES**

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

**MUNDELL, JOHN C
2300 N. ATLANTIC AVE
#101
DAYTONA BEACH FL 32118**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$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 | PD MUNDELL, JOHN C 2300 N. ATLANTIC AVE DAYTONA BEACH FL 32118 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PEPPER, CHRISTINE 465 TOWER ROAD BARRINGTON IL 60010 | <input type="checkbox"/> Delete |
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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 empowered.

SIGNATURE: *Christine Pepper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *Mar 21, 2003* / 8473825091
Daytime Phone #

CR2E034 (10/02)