

2000 UNIFORM BUSINESS REPORT (UBR)

08-08-2000 90010 006 ***150.00

DOCUMENT # P99000055309

1. Entity Name
RONALD S. JUNOD COMPANY

FILED

00 SEP 14 AM 11:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business Mailing Address
279 89TH STREET OCEAN 279 89TH STREET OCEAN
MARATHON FL 33050 MARATHON FL 33050-5224



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
107-A North Anglers Dr *P.O. Box 510886*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Marathon, FL *Key Colony Beach, FL*
Zip Country Zip Country
33050 *33051* *33051*

4. FEI Number Applied For
65-0928246 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WALDERA, CHRISTOPHER B
6400 OVERSEAS HWY.
MARATHON FL 33050**

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 _____ DATE _____
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. **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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>P/S/D</i>
STREET ADDRESS	<i>Ronald S. Junod</i>
CITY-ST-ZIP	<i>107-A North Anglers Drive Marathon, Florida 33050</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003407340-3
STREET ADDRESS	-09/28/00--01012--020
CITY-ST-ZIP	****400.00 ****400.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ DATE _____ DAYTIME PHONE: **KE**

CR2E034 (9/99)