## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 18, 2002 8:00 am Secretary of State P99000074163 DOCUMENT # 1. Entity Name GORDON LUNT DEVELOPMENT CONSULTING, INC. Principal Place of Business Mailing Address 3522 ADMIRALS WAY 3522 ADMIRALS WAY DARLTART **DELRAY BEACH FL 39489 DELRAY BEACH FL 99483** 12741 OAK RUN COUR 12741 OAK RUN FOUNT BOYNTONB EACH, FL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0942658 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUNT, GORDON A 12741 DAK RUN COUNT 3522-ADMIRALS WAY RUN COURT BOYNTON BEACH FL BOYNTON 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE **LUNT. GORDON A** NAME NAME 12741 OAK RUN COULT BOYNTON BEACH, FL 3522 ADMIRALS WAY-STREET ADDRESS STREET ADDRESS DELRAY BEACH FL-39483 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE QUESNEL, NICOLE F NAME NAME 12741 OAK RUN COUNT BOYNTON BEACH, FL 3522-ADMIRALS WAY STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE JONES, ALYCE M NAME NAME 3421 N. POWERLINE ROAD, STE. 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an other like empowered.