

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000104958**1. Entity Name
LUNSFORD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
600 SPRING VALLEY ROAD	600 SPRING VALLEY ROAD
ALTAMONTE SPRINGS FL 32714	ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business	3. Mailing Address
2204 ORCHARD DRIVE	2204 ORCHARD DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
WEKIWA HILLS	WEKIWA HILLS

City & State	City & State
APOPKA FL	APOPKA FL

Zip	Country	Zip	Country
32712		32712	

4. FEI Number
59-3610957
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LUNSFORD ELIZABETH**
600 SPRING VALLEY ROAD

ALTAMONTE SPRINGS FL 32714**7. Name and Address of New Registered Agent**Name
LUNSFORD ELIZABETH R
Street Address (P.O. Box Number is Not Acceptable)
2204 ORCHARD DRIVE
WEKIWA HILLS
City
APOPKA FL Zip Code
32712

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 **ELIZABETH R. LUNSFORD****05/01/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	LUNSFORD ELIZABETH	
STREET ADDRESS	600 SPRING VALLEY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUNSFORD RICHARD R	
STREET ADDRESS	600 SPRING VALLEY ROAD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD ELIZABETH	
STREET ADDRESS	2204 ORCHARD DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNSFORD RICHARD R	
STREET ADDRESS	2204 ORCHARD DRIVE	
CITY-ST-ZIP	APOPKA FL 32712	
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		
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: ELIZABETH R. LUNSFORD**VSD 05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)