

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000003378**

1. Entity Name

**DUNKERLEY ENTERPRISES, LLC.**

FILED

00 JAN 18 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4181 AIKEN ROAD  
PENSACOLA FL 32503

Mailing Address

4181 AIKEN ROAD  
PENSACOLA FL 32503-3403



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3582431**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNKERLEY, DAVID**  
4181 AIKEN ROAD  
PENSACOLA FL 32503

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  Delete  
**MGRM**  
**DUNKERLEY, EILEEN**  
STREET ADDRESS **3941 MCCLELLAN ROAD**  
CITY- ST- ZIP **PENSACOLA FL**

TITLE NAME  Change  Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  Delete  
**MGRM**  
**DUNKERLEY, DAVID**  
STREET ADDRESS **4181 AIKEN ROAD**  
CITY- ST- ZIP **PENSACOLA FL**

TITLE NAME  Change  Delete  
**600003112276--9**  
STREET ADDRESS **-01/27/00--01014--015**  
CITY- ST- ZIP **\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE NAME  Delete  
**MGRM**  
**DUNKERLEY, RHONDA W**  
STREET ADDRESS **4181 AIKEN ROAD**  
CITY- ST- ZIP **PENSACOLA FL**

TITLE NAME  Change  Delete  
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CITY- ST- ZIP

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CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Rhonda W. Dunkerley* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

*1-10-00*

Date

*850-469-4602*

Daytime Phone #