

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90108 007 ****50.00

0026108

DOCUMENT # L99000003378

1. Entity Name
DUNKERLEY ENTERPRISES, LLC.

Principal Place of Business Mailing Address
4181 AIKEN ROAD **4181 AIKEN ROAD**
PENSACOLA FL 32503 **PENSACOLA FL 32503**

916644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3941 McClellan Rd **PO BOX 30273**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL	4. FEI Number 59-3582431	Applied For Not Applicable
Zip 32503	Country Escambia	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
Zip 32503	Country Escambia		

6. Name and Address of Current Registered Agent
DUNKERLEY, DAVID
4181 AIKEN ROAD
PENSACOLA FL 32503

7. Name and Address of New Registered Agent
 Name **David Dunkerley**
 Street Address (P.O. Box Number is Not Acceptable)
3941 McClellan Rd.
 City **Pensacola** **FL** Zip Code **32503**

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 **David Dunkerley, Managing Member** DATE **1/27/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE MGRM	<input type="checkbox"/> Delete
NAME DUNKERLEY, EILEEN	
STREET ADDRESS 3941 MCCLELLAN ROAD	
CITY-ST-ZIP PENSACOLA FL	
TITLE MGRM	<input type="checkbox"/> Delete
NAME DUNKERLEY, DAVID	
STREET ADDRESS 4181 AIKEN ROAD	
CITY-ST-ZIP PENSACOLA FL	
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	

10. ADDITIONS/CHANGES	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Eileen Crabtree	
STREET ADDRESS 2605 Tambridge Cir.	
CITY-ST-ZIP Pensacola, FL 32503	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 3941 McClellan Rd.	
CITY-ST-ZIP Pensacola, FL 32503	
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	

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: **David Dunkerley** DATE **1/27/02** Daytime Phone # **850-469-4602**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)