Apr 28, 2003 8:00 am § Secretary of State

FILED

04-28-2003 90480 031 ****61.25

2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N07892

1. Entity Name

DALE MABRY POST 139, INC.												
Principal Place of Business 3818 W BAY VISTA AVE TAMPA FL 33611 US		Mailing Address 3818 W BAY VISTA AVE TAMPA FL 33611-1229 US										
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suité, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-0944529 Applied For Not Applicable					
Zip	Zip Country		Zip (Country					\$8.75 Additional Fee Required		
6. Name and Address of Current Regi			Registered Agent				7. Name and Address of New Registered Agent					
					Name					, _		
KEEL, CHARLES J JR 4045 HENDERSON BLVD				Street Addr			(P.O. Box Number is Not Acceptable)					
tampa f	FL 33629											
		43			City				FL	Zip Coo	de	
	e named entit ations of regis	ly submits this statement for tered agent.	or the purpose of changin	g its register	ed office or	registere	ed agent, or both, i	n the State of Flo	orida. I am	familiar with	, and accept	
SIGNATURE		<u> </u>										
	Signature, typec	or printed name of registered agent	and title if applicable.	(NOTE: Registere	Agent signatu	re required v	when reinstating)		DATE		ĺ	
FILE NOW: FEE IS \$61.25											I	
	FILE NOW	: FEE IS \$61.25		Campaign F nd Contributi			\$5.00 May Be Added to Fees			k Payable		
	FILE NOW		Trust Fu	nd Contributi		∐ 	Added to Fees	Floric	da Depai	rtment of	State	
10.		OFFICERS AND DI	Trust Fu	nd Contributi	on. [∐ 		Floric	da Depai	IRECTORS II	State	
10.	PD	OFFICERS AND DI	Trust Fu	nd Contributi	on. (∐ 	Added to Fees	Floric	da Depai	rtment of	State	
10. TITLE 14	PD MARSHAL	OFFICERS AND DI	Trust Fu	nd Contributi 11. TITLE	on. (∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State	
10. TITLE " NAME STREET ADDRESS	PD MARSHAL 3818 W B	OFFICERS AND DI L, CHARLES AY VISTA AVE	Trust Fu	nd Contributi 11. TITLE NAM STRE	et address	∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State	
10. TITLE 14	PD MARSHAL 3818 W B TAMPA FL	OFFICERS AND DI L, CHARLES AY VISTA AVE	Trust Fu	nd Contributi 11. TITLE NAM STRE	on. (∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State	
10. TITLE " NAME STREET ADDRESS	PD MARSHAL 3818 W B TAMPA FL	OFFICERS AND DI L, CHARLES AY VISTA AVE 33611	Trust Fu	nd Contributi 11. TITLE NAM STRE	ET ADDRESS ST-ZIP	∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State	
10. TITLE SAME NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHAL 3818 W B TAMPA FL D CRONEY,	OFFICERS AND DI L, CHARLES AY VISTA AVE 23611 EDWARD E JR	Trust Fu	nd Contributi 11. TITLE NAM STRE CITY	ET ADDRESS ST-ZIP	∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State N 10 Addition	
10. TITLE " NAME" STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MARSHAL 3818 W B TAMPA FL D CRONEY,	OFFICERS AND DI L, CHARLES AY VISTA AVE 23611 EDWARD E JR	Trust Fu	11. TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS	∐ 	Added to Fees	Floric	da Depai	IRECTORS II	State N 10 Addition	
10. TITLE " NAME" STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MARSHAL 3818 W B TAMPA FL D CRONEY, 4436 W B TAMPA FL	OFFICERS AND DI L, CHARLES AY VISTA AVE 23611 EDWARD E JR	Trust Fu	11. TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	A	Added to Fees	Floric	da Depai	IRECTORS II	State N 10 Addition	
10. TITLE " NAME" STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MARSHAL 3818 W B TAMPA FL D CRONEY, 4436 W B	OFFICERS AND DI L, CHARLES AY VISTA AVE . 33611 EDWARD E JR AY AVE	Trust Fu	11. TITLE NAM STRE CITY TITLE NAM STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	A	Added to Fees DDITIONS/CHAN	Florice	da Depai	IRECTORS II	State N 10 Addition	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP