

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90120 001 \*\*\*150.00

**DOCUMENT # 337282**

1. Entity Name  
**DUNWORKIN CORPORATION**



Principal Place of Business  
**9078 RON DEN LANE  
WINTER GARDEN FL 34787**

Mailing Address  
**9078 RON DEN LANE  
WINDEREMERE FL 34786  
US**



2. Principal Place of Business  
**9086 Ron Den Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**9086 Ron Den Lane**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WINDEREMERE, FL**  
Zip  
**34786** Country  
**USA**

City & State  
**WINDEREMERE, FL**  
Zip  
**34786** Country  
**USA**

4. FEI Number **59-1263272** Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LORY, JOHN  
9078 RON DEN LANE  
WINDEREMERE FL 34786**

**7. Name and Address of New Registered Agent**

Name **JOHN LORY**  
Street Address (P.O. Box Number is Not Acceptable)  
**9086 Ron Den Lane**  
City **WINDEREMERE** FL Zip Code **34786**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOHN LORY**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/20/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SVT LORY, TAMERA SURBER 9078 RON DEN LANE WINDEREMERE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LORY, JAMES R. 9078 RON DEN LANE WINDEREMERE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LORY, JOHN 9078 RON DEN LANE WINDEREMERE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LORY, LINDA 9078 RON DEN LANE WINDEREMERE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LORY, ROBERT J. 9078 RON DEN LANE WINDEREMERE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>9086 Ron Den Lane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>9086 Ron Den Lane</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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.

SIGNATURE: **Tamera S. Lory** **3/20/03** **4078765233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)