

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90196 034 ***150.00

DOCUMENT # 337351

1. Entity Name
DUNLAP ENTERPRISES, INC.



Principal Place of Business
~~9842 FAWN BROOK DR~~
~~JACKSONVILLE FL 32256~~
US

Mailing Address
~~9842 FAWN BROOK DR~~
~~JACKSONVILLE FL 32256~~
US

00010041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Jesse & Jeanne Dunlap
1636 Hawkins Cove Dr. E.
Jacksonville, FL 32246

Suite, Apt. #, etc.
Jesse & Jeanne Dunlap
1636 Hawkins Cove Dr. E.
Jacksonville, FL 32246

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1224931**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNALP, JESSE E
~~**9842 FAWN BROOK DRIVE**~~
~~**JACKSONVILLE FL 32256**~~
Jesse & Jeanne Dunlap
1636 Hawkins Cove Dr. E.
Jacksonville, FL 32246

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

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DUNLAP, JESSE E
9842 FAWN BROOK DR
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DUNALP, JEANNE F
9842 FAWN BROOK DR
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-03

CR2E034 (10/02)