

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 345804

1. Entity Name

DUNSON CARS, INC.

FILED

03 APR 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1242 N. ADAMS STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3849

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip
32303

Country

City & State

TALLAHASSEE, FL 32315

Zip

Country

4. FEI Number

59-1292275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KENNETH V. DUNSON

Street Address (P.O. Box Number is Not Acceptable)

1242 NORTH ADAMS STREET

City TALLAHASSEE,

FL

Zip 32303

**DO NOT WRITE
IN THIS SPACE**

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)

APRIL 17, 2003

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. PD OFFICERS AND DIRECTORS

TITLE
NAME KENNETH V. DUNSON
STREET ADDRESS 1242 NORTH ADAMS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS 300018467623
CITY-ST-ZIP 05/07/03--01114--005 **150.00

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ST CORINE DUNSON
STREET ADDRESS 1242 NORTH ADAMS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17, 2003 (850-545-6685)

Date

Daytime Phone #

CR2E034B (12/01)