

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90853 038 ***150.00

DOCUMENT # 360489

1. Entity Name

Fred N Dunn Citrus Nursery, Inc.



DO NOT WRITE IN THIS SPACE

90041041

2. Principal Place of Business

Highway 441

3. Mailing Address

P.O. Box 35

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plymouth, Florida

City & State

Plymouth, Florida

4. FEI Number

59-1292897

Applied For

Not Applicable

Zip

32768

Country

Orange

Zip

32768

Country

Orange

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Fred N Dunn

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

Highway 441

City

Plymouth, FL

FL

Zip Code

32768

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PD	DUNN, FRED N	HWY 441, Box 35	PLYMOUTH, FL 32768
VD	DUNN, BERNICE-B.	HWY 441, Box 35	PLYMOUTH, FL 32768
S	DUNN, ROBERT K.	1664 W.O.B.T.	Apopka, Florida 32712
D	DICKINSON, BRENDA	1429 HIGHLAND DRIVE	TALLAHASSEE, FL 32311

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE: X Robert K. Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

Date

407 886-8643

Daytime Phone #

CR2E034B (12/02)