

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90090 027 \*\*\*150.00

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**DOCUMENT # 440078**

1. Entity Name  
**J. B. DUNN COMPANY, INC.**



Principal Place of Business  
**1311 W. NEWPORT CTR. DR.  
STE. A  
DEERFIELD BEACH FL 33442  
US**

Mailing Address  
**1311 W. NEWPORT CTR. DR.  
STE. A  
DEERFIELD BEACH FL 33442  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1494888**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DUNN, JAMES B  
1311 W. NEWPORT CENTER DR.  
DEERFIELD BEACH FL 33442**

Name **CHRISTOPHER BYAL**  
Street Address (P.O. Box Number is Not Acceptable)  
**1311 W. NEWPORT CENTER DRIVE**  
City **DEERFIELD BEACH** FL Zip Code **33442**

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 **DOUGLAS GARRETT** **3/31/03**  
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	<input type="checkbox"/> Delete
D	DUNN, JAMES B, JR	1311 W. NEWPORT CENTER DR.	DEERFIELD BCH. FL	<input type="checkbox"/>
PDT	BYAL, CHRISTOPHER	1311 W. NEWPORT CENTER DR.	DEERFIELD BCH. FL	<input type="checkbox"/>
VPS	GARRETT, DOUGLAS	1311 W. NEWPORT CENTER DR.	DEERFIELD BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**DOUGLAS GARRETT VP** **3/31/03** **954-421 1117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)