2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 18, 2001 8:00 am Secretary of State **DOCUMENT # 680829** 1. Entity Name DUNBAR DEVELOPMENT, INC. 05-18-2001 91600 021 ***150.00 Principal Place of Business Mailing Address % WILLIË J. BATTLE % WILLIE J. BATTLE 1971 FRENCH ST. SUITE A 1971 FRENCH ST. SUITE A 552630 FT. MYERS FL 33916 FT. MYERS FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0143813 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATTLE, WILLIE J Street Address (P.O. Box Number is Not Acceptable) 1971 FRENCH STREET SUITE A FT. MYERS FL 33916 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 "Trust Fund Contribution." (See criteria on báck) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Defete TITLE ☐ Change NAME BATTLE, WILLIE J NAME STREET ADDRESS STREET ADDRESS 1971 FRENCH STREET SUITE A CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33916 ☐ Delete ☐ Change Addition TITI F TITLE NAME BATTLE, TRACEY NAME STREET ADDRESS STREET ADDRESS 1971 FRENCH STREET SUITE A CITY-ST-ZIP CITY-ST-7IP FT. MYERS FL 33916 ☐ Delete TITLE ☐ Change Addition TITLE NAME BATTLE, BERNICE NAME STREET ADDRESS STREET ADDRESS 1971 FRENCH STREET SUITE A CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33916 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment# 680829

5/14/01

1971 French St Ft. Myers, Florida

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302

To Whom It May Concern:

Due to a clerical error this report is late please accept our apologies and except the enclosed report and payment.

Yours truly,

Willie Battle President