

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005703

1. Entity Name

THE DUNVEGAN CORPORATION

Principal Place of Business

222 DELAWARE AVE
WILMINGTON DE 19899

Mailing Address

PO BOX 2306
WILMINGTON DE 19899

2. Principal Place of Business

3. Mailing Address

222 Delaware Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 2306

City & State

City & State

Wilmington, Delaware

Zip

Country

Zip
19899

Country
USA

4. FEI Number

51-0325499

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

HEAD, JOHN V

209 EAST RIDGEWOOD STREET
ORLANDO FL 32801

Name

UCC Filing & Search Services Inc.

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

526 East Park Avenue

City

Tallahassee

FL

Zip Code
32301

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

Alison Hand

Asst secy

4/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FENTON, SHELDON C
149 DUNVEGAN RD
TORONTO, CANADA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600005350366--4
-04/26/02--01012--012
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
FENTON, BRIAN S
586 CASTLEFIELD AVE
TORONTO, CANADA ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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.

SIGNATURE:

Brian S. Fenton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian S. Fenton

April 12/02

Date

Daytime Phone #

CR2E034 (9/01)