

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000005703

1. Entity Name
THE DUNVEGAN CORPORATION



FILED

03 APR 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
626 EAST PARK AVENUE
TALLAHASSEE, FL 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. 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

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
**PD
FENTON, SHELDON C
149 DUNVEGAN RD
TORONTO, CANADA,** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200017555502
04/30/03--01042--042 **150.00** ☐ Change ☐ Addition

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
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 2, 2003

Date

Daytime Phone #

CR2E034 (10/02)