

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77742

1. Entity Name

DBR DUNNELLO, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90087 026 ***150.00

Principal Place of Business

Mailing Address

20491 THE GRENADA
#8
DUNNELLO FL 34432
US

DBR DUNNELLO, INC
20491 THE GRENADA #8
DUNNELLO FL 34432-6085
US

(spelling correction only)

2. Principal Place of Business

20491 THE GRANADA

3. Mailing Address

20491 THE GRANADA

Suite, Apt. #, etc.

Suite #8

Suite, Apt. #, etc.

Suite #8

City & State

Dunnellon

City & State

Dunnellon

Zip

Country

Zip

Country

4. FEI Number

59-2384023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNO, REGINA
6951 SE 200TH AVE
MORISTON FL 32668

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Regina Reyno Pres.

1-6-00

Signature, type 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, 2000 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
REYNO, REGINA
6951 SE 200TH AVE
MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
REYNO, MANUEL
6951 SE 200TH AVE
MORRISTON FL 32668 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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:

Regina Reyno Pres. REGINA REYNO

Date

Daytime Phone #

1-6-00 (352) 465-4664