2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F95000001766

Entity Name: DUNLAP SALES, INC

Address:

City-St-Zip:

6960 WEST JEFF DAVIS HWY

ELKTON, KY 42220

FILED Aug 22, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7640 NW 25TH STREET SUITE 115 MIAMI, FL 331221717 **New Mailing Address: Current Mailing Address:** 7640 NW 25TH STREET SUITE 115 MIAMI, FL 331221717 FEI Number: 61-0864170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RENATO, LIMA 7640 NW 25TH STREET SUITE 115 MIAMI, FL 331221717 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCINNIS, BRUCE J Name: Name: 404 HUNTER PLACE (PO BOX 751) Address: Address: City-St-Zip: HOPKINSVILLE, KY 422410751 City-St-Zip: Title: VSD Title: () Delete () Change () Addition MCINNIS, JANE D Name: Name: 404 HUNTER PLACE (PO BOX 751) Address: Address: HOPKINSVILLE, KY 422410751 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DUNLAP, JACK A Name: Name: 3640 LAKEMONT Address: Address: City-St-Zip: BONITA SPRINGS, FL 33923 City-St-Zip: Title: CFO () Delete Title: DOAS (X) Change () Addition KING, RUSSÈLL D KING, RUSSELL D Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

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ELKTON, KY 42220

SIGNATURE: RUSSELL D. KING DOAS 08/22/2003