

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98116

1. Entity Name

EDGAR M. DUNN, JR., P.A.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90043 011 \*\*\*150.00

Principal Place of Business

Mailing Address

347 SOUTH RIDGEWOOD AVENUE

347 SOUTH RIDGEWOOD AVENUE

~~NO DRAWER 2000~~

~~DRAWER 2000~~

DAYTONA BCH FL 32115

DAYTONA BCH FL 32115-2600

*Deliver Post Office Box*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2214922**

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

DUNN JR, EDGAR M  
347 SOUTH RIDGEWOOD AVE  
DAYTONA BCH FL 32014

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **DUNN, EDGAR M JR**

STREET ADDRESS ~~347 RIDGEWOOD TR~~

CITY-ST-ZIP **ORMOND BCH, FL 32060**

TITLE **596 No. Nova Rd.** ☐ Delete

NAME **ORMOND BEACH, FL**

STREET ADDRESS **32174**

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

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STREET ADDRESS ☐ Change ☐ Addition

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)