

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91189 022 ***150.00

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DOCUMENT # F99000003109

1. Entity Name
DULIN ASSOCIATES, INC.



Principal Place of Business
7833 HAMLET DR
NEW PORT RICHEY FL 34653

Mailing Address
7833 HAMLET DR
NEW PORT RICHEY FL 34653



2. Principal Place of Business

3. Mailing Address

13094 HUNTINGTON WOODS AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL

4. FEI Number 36-2771367

Applied For

Not Applicable

Zip

Country

Zip

Country

34609

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

DULIN, DENNIS L
7833 HAMLET DR
NEW PORT RICHEY FL 34653

Name

DULIN, DENNIS J.

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

13094 HUNTINGTON WOODS AVE

City

SPRING HILL

FL

Zip Code

34609

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 *Dennis J. Dulin*
Signature must be printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04 15 03

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	PCD	<input type="checkbox"/> Delete
NAME	DULIN, DENNIS J	
STREET ADDRESS	7833 HAMLET DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	S	<input type="checkbox"/> Delete
NAME	DULIN, SANDRA L	
STREET ADDRESS	7833 HAMLET DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, RUSSELL E	
STREET ADDRESS	115 NORTH FIRST ST., STE 200	
CITY-ST-ZIP	DEKALB IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Dennis J. Dulin
DENNIS J. DULIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 15 03 3527544K5

Date

Daytime Phone #

FNT 29106

CR2E034 (10/02)