

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H95094

1. Entity Name

DUNN MARINE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90034 028 ***150.00

Principal Place of Business

% JONATHAN LANE DUNN
256 PARK AVE
PALM BCH FL 33480

Mailing Address

% JONATHAN LANE DUNN
256 PARK AVE
PALM BCH FL 33480-3809

2. Principal Place of Business

2100 Avenue B
Suite, Apt. #, etc.

3. Mailing Address

256 Park Avenue
Suite, Apt. #, etc.

City & State

Rivera Beach Fla.

City & State

Palm Beach Fla.

4. FEI Number

59-2631960

Applied For

Not Applicable

Zip

33404

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, JONATHAN LANE
256 PARK AVE
PALM BCH FL 33480

7. Name and Address of New Registered Agent

Name

Donna Mongillo Dunn

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

256 Park Avenue

City

Palm Beach

FL

Zip Code

33480

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

TITLE PD
NAME DUNN, JONATHAN LANE
STREET ADDRESS 256 PARK AVE
CITY-ST-ZIP PALM BCH FL ☒ Delete

TITLE STD
NAME DUNN, DONNA MONGILLO
STREET ADDRESS 256 PARK AVE
CITY-ST-ZIP PALM BCH FL ☐ 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 PD
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)