

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90027 003 ***150.00

DOCUMENT # H95094

1. Entity Name

DUNN MARINE, INC.

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

2. Principal Place of Business

96 Florida Marine

3. Mailing Address

Suite, Apt. #, etc.
3301 Embassy Drive

Suite, Apt. #, etc.

2100 Avenue B

City & State
West Palm Beach Fla.

City & State
Riviera Beach Florida

Zip
33404

Country
USA

Zip
33401

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2631960**

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, JONATHAN LANE
256 PARK AVE
PALM BCH FL 33480

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DUNN, JONATHAN LANE
256 PARK AVE
PALM BCH FL ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Dunn, Donna Mongillo
3301 Embassy Dr.
West Palm Beach Fla 33401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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 #

4/30/01

561-242-6063

CR2E034 (10/00)