| 2002 UNIFORM | BUSINESS | REPORT | (UBR |
|--------------|----------|--------|------|
|--------------|----------|--------|------|

| 1. Entity Nan | MENT # J42563 DBURY GROUP, INC. | 3 | | | | FILED |
|--|--|---|------------------------------|---|-------------------------------------|--|
| Principal Place of Business Mailing Address 3706 N OCEAN BLVD 4207 NE 34TH AVE SUITE 472 FT LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 | | | | 02 JUL 26 AH II: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business 3. Mailing Address | | | 1 | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | |
| City & State City & State | | | 4. | FEI Number 59-2741325 Applied For Not Applicable | | |
| Zip | Country | Zip | Coun | try | 5. | Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Re | gistered Agent | | | 7. 1 | Name and Address of New Registered Agent |
| SCHINLEVER, ROBERT H. 4207 N.E. 34TH AVENUE | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| FT. LAUDERDALE FL 33308 | | | City | | FL Zip Code | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signature required part and title if applicable. (NOTE: Registered Agent signatur | | | 1 | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 11. | OFFICERS AND DI | RECTORS | 12. | | AD | DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE: NAME START ADDRESS CITY-ST-ZIP | DP SCHINLEVER, ROBERT H. 4207 N.E. 34TH AVENUE FT. LAUDERDALE FL | ☐ Delete | TITLE NAME STREE | | | 10006853791;—-8: 9 -08/01/0201042023 ****158.05 ****158.05 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | | | Change Addition 5 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | ☐ Change ☐ Addition |
| TITLE NAME Street address City-St-Zip | | ☐ Delete | | | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | l . | | | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS [†] CITY-ST-ZIP | | ☐ Delete | | T ADDRESS ST-ZIP | | ☐ Change ☐ Addition |
| 13. I hereby of indicated of the corp | certify that the information supplied with thi on this report or supplemental report is tru poration or the receiver or trustee empowe | s filing does not qualify for the ie and accurate and that my ared to execute his report as | e exen signatu require | nption stated in Sure shall have the | Section 1 e same l D7, Florid | n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 11 or Block 12 if |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-02 954-568-Date Daytime Phone #

Attachment

3706 N. Ocean Boulevard PMB 472 Ft. Lauderdale, FL 33308

Showroom:

2405 N. Dixie Highway, Wilton Manors





Voice: 954-568-9726 Long Distance: 800-467-8485

Fax: 954-566-4853 e-mail: sudbury @gate.net

The Sudbury Group, Inc. ... since 1986

July 22, 2002

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Late Filing Caused by Illness

To Whom It May Concern,

I was instructed to request in writing an exemption to the filing deadline based on incapacity.

In the latter part of 2001 I suffered a TIA (mini stroke), apparently as a complication of a recently implanted artificial heart valve. My blood clotting problems seem to have stabilized, and I am back running my business. I was unable, however, to get the report completed by the May 1, 2002 deadline.

Thank you for your understanding.

Sincerely,

Robert H. Schinlever