

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91148 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J81938

1. Entity Name
DUBAY, INC.



90127011

Principal Place of Business
2302 ALTON RD
PT CHARLOTTE, FL 33952 US

Mailing Address
2302 ALTON RD
PT CHARLOTTE, FL 33952 US

2. Principal Place of Business
102 WATER DRIVE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
HOLLY HILL FL 32117

Zip
Country

City & State
Zip
Country

4. FEI Number
41-1348350 ? Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBAY, FRANK X
2302 ALTON RD
PORT CHARLOTTE, FL 33952

DECEASED 4-15-03

DIED 4-15-03

7. Name and Address of New Registered Agent

Name
PAUL DUBAY
Street Address (P.O. Box Number is Not Acceptable)
102 WATER DRIVE
City
HOLLY HILL
FL Zip Code
32117

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 Paul Dubay (I'm totally new as this and quite unsure) 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining) DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
DUBAY, FRANK X.
2302 ALTON RD.
PT CHARLOTTE, FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV
DUBAY, PAUL
2302 ALTON RD.
PT CHARLOTTE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DSV ?
DUBAY PAUL
102 WATER DRIVE
HOLLY HILL FL 32117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03

391 795 5088

Date

Daytime Phone #

COMPANY WILL PROBABLY BE INACTIVE FOR INDETERMINATE TIME

CR2E034 (10/02)