## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 16, 2000 8:00 am Secretary of State **DOCUMENT # K46992** 1. Entity Name DUNN PETROLEUM, INC. 05-16-2000 90024 010 \*\*\*150.00 Principal Place of Business Mailing Address 8300 NW, 103RD ST. P.O. BOX 2577 HIALEAH GARDENS FL 33016 HIALEH FL 33012-0577 2. Principal Place of Business 3. Mailing Address *\$*283 Na) DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City, & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUNN, LOWELL S. Street Address (P.O. Box Number is Not Acceptable) 8300-N.W. 103RD ST. HIALEAH GARDENS FL 33016 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Addition ☐ Change TITLE ☐ Delete TITLE DUNN, LOWELL S. NAME NAME STREET ADDRES STREET ADDRESS 8300 N.W. 103RD ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL STD ☐ Delete ☐ Change Addition TITLE DUNN, BETTY L. STREET ADDRESS NAME STREET ADDRESS 8300 N.W. 103RD ST. CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL [77] Change Addition ☐ Delete TITLE TITLE **DUNN, LOWELL S.II** NAME STREET ADDRES 8300 N.W. 103RD ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 attachme ith all other like empowered.

SIGNATURE: