

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K83931

1. Entity Name

DAWN MARIE REALTY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90021 045 ***150.00

Principal Place of Business 1230 70TH ST NO #3 SAINT PETERSBURG FL 33710 US	Mailing Address 1230 70TH ST NO #3 SAINT PETERSBURG FL 33710-6112 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6940 1st Ave NO	3. Mailing Address 6940 1st Ave NO
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St Petersburg, FL	City & State St Petersburg, FL
Zip 33710	Country Pinellas

4. FEI Number 59-2945596	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HALVORSEN, DAWN MARIE 1230 70TH ST NO #3 SAINT PETERSBURG FL 33710
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Dawn Marie Halvorsen</u> <u>DAWN MARIE HALVORSEN</u> <u>4/15/00</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POB HALVORSEN, DAWN MARI 1230 70TH ST NO #3 SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	POB HALVORSEN, DAWN MARIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6940 1st Ave NO St Petersburg, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dawn Marie Halvorsen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/15/00</u> <small>Date</small>	<u>727-345-1834</u> <small>Daytime Phone #</small>
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CR2E034 (9/99)