

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90221 042 ****55.00

DOCUMENT # L00000011221

1. Entity Name

DUNLAVEY & COMPANY COMMUNICATIONS, LLC

Principal Place of Business

**4269 TIMUQUANA ROAD
 JACKSONVILLE FL 32210**

Mailing Address

**4269 TIMUQUANA ROAD
 JACKSONVILLE FL 32210**

2. Principal Place of Business

512 LANCASTER ST.

3. Mailing Address

SAME

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number

59-3673466

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JACK DUNLAVEY, CHAUNCEY
 4269 TIMUQUANA ROAD
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

512 LANCASTER ST.

City **JACKSONVILLE**

FL

Zip Code **32204**

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]

/ Chauncey Jack Dunlavey - Managing Director

04/29/2002

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **DUNLAVEY, CHAUNCEY J**
 STREET ADDRESS **4269 TIMUQUANA RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] **/ Chauncey Jack Dunlavey - Managing Dir.**

04/29/2002

904-301-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)