

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90110 049 \*\*\*\*\*55.00

DOCUMENT # L00000011221

1. Entity Name

DUNLAVEY & COMPANY COMMUNICATIONS, LLC



Principal Place of Business

512 LANCASTER ST.  
JACKSONVILLE FL 32204

Mailing Address

512 LANCASTER ST.  
JACKSONVILLE FL 32204

2. Principal Place of Business

42 JACKSON AVE

3. Mailing Address

42 JACKSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH

Zip

32082

Country

USA

Zip

FL 32082

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACK DUNLAVEY, CHAUNCEY  
512 LANCASTER ST.  
JACKSONVILLE FL 32204

Name  
CHAUNCEY JACK DUNLAVEY  
Street Address (P.O. Box Number is Not Acceptable)  
42 JACKSON AVE

City  
PONTE VEDRA BEACH

FL

Zip Code  
32082

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/15/2003

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE MGR  
NAME DUNLAVEY, CHAUNCEY J  
STREET ADDRESS 42 JACKSON AVE.  
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE  
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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: *Chauncey J Dunlavy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/15/2003 904-536-3505

CR2E083 (4/03)