

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90066 006 ***150.00

DOCUMENT # L49587

1. Entity Name
JANE S. DUNN, P.A.



Principal Place of Business
**9216 SWEETGRASS WAT
NAPLES FL 34108
US**

Mailing Address
**9216 SWEETGRASS WAT
NAPLES FL 34108
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2985308**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNN, JANE S.
9216 SWEETGRASS WAY
NAPLES FL 34108**

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **DUNN, JANE S.**
STREET ADDRESS **9216 SWEET GRASS WAY**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03 (239) 596-3531
Date Daytime Phone #

CP2E034 (4/03)

Attachment

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILING
PO BOX 1500
TALLAHASSEE FL 32302-1500

80146495
#L49587

September 8, 2003-09-08 via Federal Express for delivery September 9, 2003-09-08

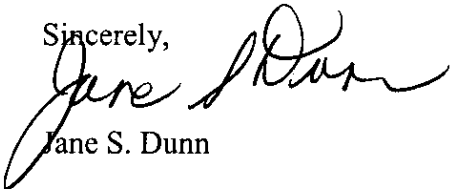
Dear Sir or Ms.

The undersigned is the President and sole Director of this professional corporation. Due to moving offices and forwarding of mail, and being in Europe for part of April, June, and July, I did not receive the original mailing of the UBR.

Pursuant to the applicable statutes at section 607.193, the check for the \$150 filing fee is enclosed.

Thank you for your assistance,

Sincerely,


Jane S. Dunn