

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19148

1. Entity Name

DUNBAR INDUSTRIAL ACTION DEVELOPMENT, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90004 017 ****70.00

Principal Place of Business Mailing Address
3901 DR. MARTIN LUTHER KING JR. BLVD. 3901 DR. MARTIN LUTHER KING JR. BLVD.
#119 #119
FORT MYERS FL 33916 FORT MYERS FL 33916
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2807416

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

PEREIRA, MOE
3901 DR. MARTIN LUTHER KING JR. BLVD
FT. MYERS FL 33916

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CAMPBELL, RAYMOND
STREET ADDRESS 3155 APACHE ST
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☒ Addition
NAME BM
STREET ADDRESS TERESA BROWN
CITY-ST-ZIP UNITED TRACPHONE CO. P.O. Box 370
FT. MYERS, FL 33908

TITLE BM ☐ Delete
NAME JACKSON, WILLIE
STREET ADDRESS 2604 ST CHARLES ST.
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☒ Addition
NAME BM
STREET ADDRESS Lee Combs
CITY-ST-ZIP P.O. Box 2217
FT. MYERS, FL 33902

TITLE SD ☐ Delete
NAME BEAZELL, THORNTON
STREET ADDRESS 1342 COLONIAL BLVD.
CITY-ST-ZIP FT. MYERS FL

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

TITLE T ☐ Delete
NAME MORGAN, MELVIN
STREET ADDRESS 2196 PAULBO ST.
CITY-ST-ZIP FT. MYERS FL

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

TITLE VP ☐ Delete
NAME SQUIRES, TIMOTHY
STREET ADDRESS 10501 F.G.C.U. BLVD., S
CITY-ST-ZIP FT MYERS FL 33965

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

TITLE BM ☐ Delete
NAME KITTLES, JOYCE
STREET ADDRESS 2675 MANGO ST.
CITY-ST-ZIP FT. MYERS FL

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)