

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N19148**

1. Entity Name

**DUNBAR INDUSTRIAL ACTION DEVELOPMENT, INC.****FILED****Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90131 036 \*\*\*\*70.00

0097134

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2807416**

Applied For

Not Applicable

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

**1/15/02****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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, RAYMOND	
STREET ADDRESS	3155 APACHE ST	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	BM	<input type="checkbox"/> Delete
NAME	JACKSON, WILLIE	
STREET ADDRESS	2604 ST CHARLES ST.	
CITY-ST-ZIP	FORT MYERS FL 33916	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEAZELL, THORNTON	
STREET ADDRESS	1342 COLONIAL BLVD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MORGAN, MELVIN	
STREET ADDRESS	2196 PAULBO ST.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SQUIRES, TIMOTHY	
STREET ADDRESS	10501 F.G.C.U. BLVD., S.	
CITY-ST-ZIP	FT MYERS FL 33965	
TITLE	BM	<input type="checkbox"/> Delete
NAME	KITTLES, JOYCE	
STREET ADDRESS	2675 MANGO ST.	
CITY-ST-ZIP	FT. MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERESA BROWN	
STREET ADDRESS	P.O. Box 370-MC1652	
CITY-ST-ZIP	Fort Myers, FL 33902	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN A. KREMSKI SR	
STREET ADDRESS	12131 UNIVERSITY DRIVE	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)