2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600005990

1. Entity Name



FILED Mar 07, 2003 8:00 am Secretary of State

000 00	DUNTY, INC.							
Principal Place of Business 17350 RIVERSTONE DRIVE LUTZ FL 33558		Mailing Address P.O. BOX 915 LUTZ FL 33548 US				·		
2. Principal	I Place of Business	3. Mailing Address			CHECK HERE IF MAKING CHANGES			
Suite, Ap	ot. #. etc	Suite, Apt. #, etc.						
<u> </u>								
City & St	late	City & State		* <	4. FEI Number 50	3412549	~~ ~~ -	Applied For
Zip Country		Zip		у	5. Certificate of St	atus Dosirod	\$8.75 A	Not Applicable
	6. Name and Address of Curren	It Registered Agent	L	-		_	Fee Requi	
				Name	7. Name and Add	ress of New Registere	d Agent	
SCHALCK, LINDA				Street Address (P.O. Box Number is Not Acceptable)				
1/350 H LUTZ FL	RIVERSTONE DRIVE		Street Address		(F.O. Box Number is N	iot Acceptable)		
LUIZ FL	. 33338							
				City		F	Žip Co	de
8. The abov	re named entity submits this statement fations of registered agent.	or the purpose of changing	a its registered o	office or registe	ured agent or both in t	be State of Electrical	<u> </u>	
Signature, typed or printed name of registered agent and title if as		9. Election	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.		Trust Fu			\$5.00 May Be Added to Fees	Make Cheo Florida Depa	k Payable	to State
	OFFICERS AND DI		nd Contribution.		Added to Fees	Florida Depa	rtment of	State
_	PD.				Added to Fees	Make Chec Florida Depa	rtment of	State
IAME -	PD. Schalck, Linda	RECTORS	nd Contribution. 11. TITLE NAME		Added to Fees	Florida Depa	rtment of	State
IAME TREET ADDRESS	PD. SCHALCK, LINDA 17350 RIVERSTONE DR	RECTORS	11. TITLE NAME STREET AD	DRESS	Added to Fees	Florida Depa	rtment of	State
TREET ADDRESS	PD. Schalck, Linda	RECTORS Delete	11. TITLE NAME STREET AD CITY-ST-Z	DRESS	Added to Fees	Florida Depa	rtment of IRECTORS IN Change	State N 10 Addition
TREET ADDRESS ITY-ST-ZIP ITLE AME	PD. SCHALCK, LINDA: 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY	RECTORS Delete	11. TITLE NAME STREET AD CITY-ST-Z	DRESS IP	Added to Fees	Florida Depa	rtment of	State
TREET ADDRESS TTY-ST-ZIP TTLE AME TREET ADDRESS	PD. SCHALCK, LINDA. 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY. 17286 RAINTREE ROAD	RECTORS Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET ADE STREET ADE	DRESS IP	Added to Fees	Florida Depa	rtment of IRECTORS IN Change	State N 10 Addition
IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS	PD. SCHALCK, LINDA. 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY. 17286 RAINTREE ROAD LUTZ FL	RECTORS Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z	DRESS IP	Added to Fees	Florida Depa	rtment of IRECTORS IN Change	State N 10 Addition
AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TLE	PD. SCHALCK, LINDA 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY 17286 RAINTREE ROAD LUTZ FL TD	RECTORS Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET ADI CITY-ST-ZI TITLE	DRESS IP	Added to Fees	Florida Depa	rtment of IRECTORS IN Change	State N 10 Addition
IAME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	PD. SCHALCK, LINDA 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY. 17286 RAINTREE ROAD LUTZ FL TD SCHALCK, WILLIAM F 17350 RIVERSTONE DR	RECTORS Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET AD CITY-ST-Z	DRESS IP PRESS P	Added to Fees	Florida Depa	rtment of IRECTORS IN Change	State N 10 Addition Addition
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TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP TLE AME REET ADDRESS TY-ST-ZIP ILE	PD. SCHALCK, LINDA. 17350 RIVERSTONE DR LUTZ FL VD MACCHIA, ANTHONY. 17286 RAINTREE ROAD LUTZ FL TD SCHALCK, WILLIAM F 17350 RIVERSTONE DR LUTZ FL SD	RECTORS Delete Delete	11. TITLE NAME STREET AD CITY-ST-Z TITLE NAME STREET ADE CITY-ST-Z TITLE NAME STREET ADE STREET ADE	DRESS IP PORESS	Added to Fees	Florida Depa	rtment of IRECTORS IN Change Change	State N 10 Addition Addition
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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 changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: COLOR

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

813-920-6777

☐ Change

☐ Addition