2002 Uniform Business Report (UBR)

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P00000038742 1. Entity Name DDUNBAR ENTERPRISES INC. 03-27-2002 90021 031 ***150.00 Principal Place of Business Mailing Address 221 VIA DE LUNA 221 VIA DE LUNA PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address __Suite, Apt. #, etc._ _Suite, Apt. #, etc.___ _____ DO_NOT_WRITE_IN_THIS SPACE 4. FEI Number City & State City & State Applied For 59-3642276 Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNBAR, DAVID Street Address (P.O. Box Number is Not Acceptable) 221 VIA DE LUNA PENSACOLA BEACH FL 32561 ERMAN FOR FUR 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUNBAR, DAVID NAME STREET ADDRESS STREET ADDRESS 221 VIA DE LUNA CITY-ST-ZIP CITY-ST-ZIP PENSACOLA BEACH FL 32561 TITLÉ: (POÚT) **学队所提出(初始)** TITLE ☐ Delete ☐ Change ☐ Addition NAME | API NAME 10 1 STREET ADDRESS STREET ADDRESS $\langle \phi_{i,j}, \cdot \rangle$ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET-ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change: · · ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP , 5 ente et trab THAT WENTER TO SEE STILLEY (10), 12173 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information 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 11 or Block 12 if changed, or on an attachment with an address with all-other like empowered.

th all other like empowered.

changed, or on an attachment with

SIGNATURE:

FILED

Daytime Phone #