

2002 UNIFORM BUSINESS REPORT (UBR)

1

FILED
Apr 10, 2002 8:00 am
Secretary of State

01-17-2002 90001 033 ***150.00

DOCUMENT # P00000059385

1. Entity Name

D.W. BUNN & D.R. TORRES INC.

Principal Place of Business

**8036 WEST SAMPLE ROAD
MARGATE FL 33065**

Mailing Address

**8036 WEST SAMPLE ROAD
MARGATE FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name **DAVID TORRES**

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

8036 W. SAMPLE RD.

City **CORAL SPRINGS**

FL

Zip Code **33065**

8. The above named person submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

David R. Torres **David R. Torres**

1-6-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: If previous Agent signature required, re-instating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BUNN, DERELLE W**
STREET ADDRESS **8036 WEST SAMPLE ROAD**
CITY- ST- ZIP **MARGATE FL 33065**

TITLE **D** ☐ Delete
NAME **TORRES, DAVID R**
STREET ADDRESS **8036 WEST SAMPLE ROAD**
CITY- ST- ZIP **MARGATE FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Derelle W. Bunn **Derelle W. Bunn** **1/6/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)