

*Amended*  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 10 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Entity Name

Dunlap + Toole, P.A. PO1 00004877

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2057 Delta Way  
Suite, Apt. #, etc.

3. Mailing Address

2057 Delta Way  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3697282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

32303

Country

Zip

32303

Country

7. Name and Address of Current Registered Agent

Name

Davisson F. Dunlap, Jr.

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

2057 Delta Way

City

Tallahassee

FL

Zip Code

32303

**DO NOT WRITE  
IN THIS SPACE**

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

*Dave Dunlap, Jr.*

Registered Agent

25 April 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
Dunlap, Davisson F. (Jr.)  
2057 Delta Way  
Tall., FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900005598669--0  
-05/23/02--01007--009  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DST  
Dana G. Toole  
2057 Delta Way  
Tall., FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dave Dunlap, Jr.* (DAVE DUNLAP, JR.)

Date

Daytime Phone #

25 April 02  
850-385-5000

CR2E034B (12/01)