

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90125 047 ***150.00

DOCUMENT # P01000080278

1. Entity Name
DUNRIGHT SERVICES, INC.



Principal Place of Business
7000 W PALMETTO PARK ROAD SUITE 402
BOCA RATON FL 33433

Mailing Address
7000 W PALMETTO PARK ROAD SUITE 402
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address
C/O BLAKESBERG & CO., CPA'S
951 SW 4TH AVE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BOCA RATON FL

Zip

Country

Zip
33432

Country

4. FEI Number **65-1141977**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARTINO, JAMES A~~
~~7000 W PALMETTO PARK ROAD SUITE 402~~
~~BOCA RATON FL 33433~~

Name
D BLAKESBERG
Street Address (P.O. Box Number is Not Acceptable)
951 SW 4TH AVE
City **BOCA RATON, FL** **Zip Code** **33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/29/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **MARTINO, JAMES A**
STREET ADDRESS **7000 W PALMETTO PARK ROAD SUITE 402**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)