

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90207 005 ***150.00

DOCUMENT # *P02000075238*

1. Entity Name

Patrick A. Dunbar, Inc.



DO NOT WRITE IN THIS SPACE

24071337

2. Principal Place of Business

P.O. Box 434

3. Mailing Address

P.O. Box 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Crystal Springs, FL

City & State

Crystal Springs, FL

4. FEI Number

05-0522346

Applied For

Not Applicable

Zip

33524

Country

USA

Zip

33524

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lisa Valentine

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

38529 5th Avenue

City

Lehighville

FL

Zip Code

33542

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

Lisa Valentine

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Owner
Patrick A. Dunbar
P.O. Box 434
Crystal Springs, FL 33524*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

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

SIGNATURE:

Patrick A. Dunbar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK A DUNBAR

Date

4/24/04

Daytime Phone #

813-783-2828

CR2E034B (12/02)