

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

FILED

03 MAY 21 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000075758	
1. Entity Name DULIN REAL ESTATE COMPANY OF FLORIDA, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 24241 PRODUCTION CIR	3. Mailing Address P.O. Box 366056
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State BONITA SPGS FL	City & State BONITA SPGS FL	4. FEI Number 16-1616641	Applied For ☐ Not Applicable
Zip 34135	Country LEE	Zip 34136 6056	Country LEE
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

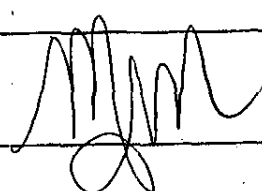
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Patrick J. Dulin	
Street Address (P.O. Box Number is Not Acceptable) 24241 Production Cir	
City Bonita Springs	Zip 34135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	PRESIDENT D PATRICK J. DULIN 24241 PRODUCTION CIRCLE BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D BARBARA L. DULIN 24241 PRODUCTION CIRCLE BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: **Barbara L. Dulin** **BARBARA L. DULIN** 4-18-03 239-992-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2034B (12/02)