04-22-2003 90043 005 ***150.00
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FILED
03 MAY 21 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075758

1. Entity Name: DULIN REAL ESTATE COMPANY OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24241 PRODUCTION CIR	P.O. BOX 366056
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BONITA SPGS FL	City & State: BONITA SPGS FL
Zip: 34135 Country: LEE	Zip: 34136-6056 Country: LEE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 16-1616641 ☐ Applied For ☐ Not Applicable

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

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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 Spring FL Zip Code: 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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	~~PRESIDENT~~ D
NAME	PATRICK J. DULIN
STREET ADDRESS	24241 PRODUCTION CIRCLE
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	~~SECRETARY~~ D
NAME	BARBARA L. DULIN
STREET ADDRESS	24241 PRODUCTION CIRCLE
CITY-ST-ZIP	BONITA SPRINGS FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 SECRETARY 4-18-03 239-992-2377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #