2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State
07-24-2002 90141 024 ***550.00

DOCUMENT # P94000040851

1. Entity Name
THE DUSTY URSINE CORPORATION

Principal Place of Business	Mailing Address
~~525 N. E. 21ST LANE-#C~~	~~525 N. E. 21ST LANE-#C~~
~~GAINESVILLE FL 32609~~	~~GAINESVILLE FL 32609~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8951 NW 71 TERR	P.O. BOX 5578
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32653 Country:	Zip: 32627-5578 Country:

4. FEI Number 59-3240737 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LAWRENCE, CHARLES D~~	Name: CHARLES D LAWRENCE
~~525 N. E. 21ST LANE-#C~~	Street Address (P.O. Box Number is Not Acceptable): 8951 NW 71 TERR
~~GAINESVILLE FL 32609~~	City: GAINESVILLE FL Zip Code: 32653

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: Charles D Lawrence
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) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWRENCE, CHARLES D 525 N.E. 21 LANE-C GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES D LAWRENCE 8951 NW 71 TERR GAINESVILLE FL 32653	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7-21-02 352 262 6560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)