


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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90611 025 \*\*\*150.00

<b>DOCUMENT #</b> P94000068292	
<b>1. Entity Name</b>  Dust Enterprises, Inc.	

**DO NOT WRITE IN THIS SPACE**

**60020476**

<b>2. Principal Place of Business</b> 4901 Tamiami Trail North	<b>3. Mailing Address</b> 4901 Tamiami Trail North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> Naples, FL	<b>City &amp; State</b> Naples, FL
<b>Zip</b> 34103	<b>Country</b> USA

<b>4. FEI Number</b> 65-0524730	<b>Applied For</b> Not Applicable
------------------------------------	--------------------------------------

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name U.S. Investor Services, Inc.	
	Street Address (P.O. Box Number is Not Acceptable) 4901 Tamiami Trail North	
	City Naples, FL	Zip Code 34103

**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** \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	---

<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
	VP Staub, Dieter 4901 Tamiami Trail North Naples, FL 34103		
	D Staub, Trudy 4901 Tamiami Trail North Naples, FL 34103		

**DO NOT WRITE IN THIS SPACE**

**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.

<b>SIGNATURE:</b> _____	<b>4-10-03</b>	<b>239-213-4000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)