

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90177 044 ***150.00

DOCUMENT # P95000039995

1. Entity Name
DUNN REALTY AT PANAMA CITY BEACH, INC.



Principal Place of Business
**17320 PANAMA CITY BCH. PKWY.
UNIT 104 PANAMA PLAZA
PANAMA CITY BEACH FL 32413**

Mailing Address
**P.O. BOX 14056
PANAMA CITY BEACH FL 32413**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

UNIT 107, PANAMA PLAZA

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3326169**

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

**DUNN, EMILY H
17320 PANAMA CITY BCH. PKWY.
UNIT 104 PANAMA PLAZA
PANAMA CITY BEACH FL 32413**

Name
Dunn, Emily H.
Street Address (P.O. Box Number is Not Acceptable)
**17320 PANAMA CITY BCH PKWY
UNIT 107, PANAMA PLAZA
PANAMA CITY BEACH FL 32413**

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 **Emily H. Dunn, President (Emily H. Dunn)** **3/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **DUNN, GARLAND R**
STREET ADDRESS **17320 PANAMA CITY BCH. PKWY. UNIT 104**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **DUNN, GARLAND R.**
STREET ADDRESS **120 Bonaire DR.**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE **PD** ☐ Delete
NAME **DUNN, EMILY H**
STREET ADDRESS **17320 PANAMA CITY BCH. PKWY. UNIT 104**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **PD** ☒ Change ☐ Addition
NAME **DUNN, Emily H.**
STREET ADDRESS **120 Bonaire DR.**
CITY-ST-ZIP **Panama City Bch FL 32413**

TITLE **VPD** ☐ Delete
NAME **DUNN, GARY D**
STREET ADDRESS **17320 PANAMA CITY BEACH PKWY #104**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **VPD** ☒ Change ☐ Addition
NAME **DUNN, GARY D.**
STREET ADDRESS **243 S. GLADES TRAIL**
CITY-ST-ZIP **Panama City Bch FL 32407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Emily H. Dunn** **3/17/03** **850 235-0146**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)