

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91053 013 \*\*\*150.00

**DOCUMENT # P95000042945**

1. Entity Name  
**DUN-RITE SERVICES, INC.**



Principal Place of Business  
**PO BOX 7195  
ST PETERSBURG FL 33734-7195  
US**

Mailing Address  
**PO BOX 7195  
ST PETERSBURG FL 33734-7195  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3318659**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**LENY, PAULA K  
344 33RD AVE. N. #E  
SAINT PETERSBURG FL 33704**

Name **PAULA K. LENT**  
Street Address (P.O. Box Number is Not Acceptable)  
**10901 BRIGHTON BLVD N.E. #9309**  
City **ST. PETERSBURG** FL Zip Code **33716**

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 **PAULA K. LENT**

**4-4-2003**

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 **PSTD** ☐ Delete  
NAME **LENT, PAULA K**  
STREET ADDRESS **2727 HASKELL ST. N.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE **PSTD** ☐ Change ☐ Addition  
NAME **PAULA K. LENT**  
STREET ADDRESS **10901 BRIGHTON BLVD. N.E. #9309**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

**PAULA K. LENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)