Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90051 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000045712

D. DUNAWAY, INC.

Principal Place of Business

Mailing Address

CORAL SPRING US	= -	12064 NW 491H DR CORAL SPRINGS FL 33076 US				1201146 150 1616 CHIE TORRE DOV	1 8 8 1 1 1 8 8 1 1 1 1 1 1 1 1 1 1 1 1	B 1111 B 13 1 11	110 1101 1401	
2. Principal I	Place of Business	3. Mailing Address			\neg					
Suite, Apt	.#, etc.	Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & Sta	le	City & State			4. 1	FEI Number 65-058961	1		oplied For	
Zip	Country	Zip	ry	5. (5. Certificate of Status Desired					
	6. Name and Address of Curren	t Registered Agent			7. 1	Name and Address of New F	Registered Ag	jent		
				Name						
CLEMENS, DIANA L 12064 NW 49TH DR CORAL SPRINGS FL 33064				Street Address (P.O. Box Number is Not Acceptable)						
001	PL OF HINOUT E GOOD			City			FL	Zip Cod	e	
								<u></u>		
8. The above	e named entity submits this statement f	or the purpose of changing its	registere	d office or regis	stered ag	ent, or both, in the State of Fl	orida.		}	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered	Agent signature requ	ired when re	einstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of S			10. Election Campaign Fir Trust Fund Contributio	~ ~	\$5.0 Added	May Be to Fees	
11. OFFICERS AND DIRECTORS			12.		AD	DITIONS/CHANGES TO OFF	ICERS AND D	IRECTOR!	S IN 11	
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NAME	CLEMENS, DIANA		NAME						Ì	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIANA