

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000065385****1. Entity Name**  
**TERRY DUNN, P.A.****FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90573 001 \*\*\*150.00

**Principal Place of Business****133 MACFARLANE DRIVE**  
**DELRAY BEACH FL 33483****Mailing Address****133 MACFARLANE DRIVE**  
**DELRAY BEACH FL 33483****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number****65-0686119**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****MULLIN, JAMES G**  
**2263 NW BOCA RATON BLVD. STE 205**  
**BOCA RATON FL 33431****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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.****SIGNATURE**

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, 2000 Min. 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****TITLE** **P** ☐ Delete  
**NAME** **DUNN, TERRY**  
**STREET ADDRESS** **133 MACFARLANE DR**  
**CITY-ST-ZIP** **DELRAY BEACH FL 33483****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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

Date

8-17-00

561-278-0834

OR 561-637-9101

*Attachment* P96000065385  
A0073210

**TERRY DUNN, P.A.  
2263 NW BOCA RATON BLVD #205  
BOCA RATON, FL 33431**

**July 31, 2000**

**Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500**

**Re: Annual Report  
Terry Dunn, P.A.  
Document Number P96000065385**


**To Whom It May Concern:**

**Please be advised that we did not receive a renewal report form for 2000. The corporation's mailing address has changed and the initial form was not forwarded.**

**We respectfully request that the enclosed Annual Report and our check for \$150.00 be accepted for this filing.**

**Thank you in advance for your assistance.**

**Sincerely,**

  
**Terry Dunn  
President**