

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90005 027 \*\*\*150.00

**DOCUMENT # P96000098132**

1. Entity Name  
**1650 DUNLAWTON AVENUE, INC.**

Principal Place of Business  
**PMB 152**  
**222 LAKEVIEW AVENUE, SUITE 160**  
**WEST PALM BEACH FL 33401**

Mailing Address  
**PMB 152**  
**222 LAKEVIEW AVENUE, SUITE 160**  
**WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1858 Ringling Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1858 Ringling Blvd.**  
 Suite, Apt. #, etc.

City & State  
**Sarasota, Fl.**

City & State  
**Sarasota, Fl.**

4. FEI Number **59-3422065**

Applied For  
 Not Applicable

Zip  
**34236**

Country

Zip  
**34236**

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**

**YOUNG, GREGORY E**  
**250 ROYAL PALM WAY, SUITE 300**  
**PALM BEACH FL 33840**

Name  
**Renea M. Glendinning**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1858 Ringling Blvd.**  
 City **Sarasota** FL Zip Code **34236**

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 **Renea M. Glendinning**  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/2/01**  
 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GERRELL, MICHAEL FRIEDENSTRASSE NO 5 97072 WURZBERG GE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, MARK S SIXTY STATE STREET STE 700 BOSTON MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORMANN, ELMAR FRIEDENSTRASSE NO 5 97072 WURZBURG GE	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNG, GREGORY E 250 ROYAL PALM WAY STE 300 PALM BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Gerrell, Michael</del> Gerrell, Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tommasi, Heidrun 204 64th St. Ct. N.W. Bradenton, Fl. 34209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **X H. J. [Signature]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/01** Daytime Phone # **941 792 8357**

CR2E034 (10/00)