

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000098132**
 1. Entity Name
1650 DUNLAWTON AVENUE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1858 RINGLING BLVD <small>→ Suite, Apt. #, etc.</small>	3. Mailing Address 1858 RINGLING BLVD <small>→ Suite, Apt. #, etc.</small>
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DO NOT WRITE IN THIS SPACE

City & State SARASOTA, FL <small>Zip</small> 34236	City & State SARASOTA, FL <small>Zip</small> 34236	4. FEI Number 59-3422065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name Renea M. Glendinning	
Street Address (P.O. Box Number is Not Acceptable) 1858 Ringling Blvd	
City Sarasota	State 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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)	January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE	DP GERRULL, MICHAEL FRIEDENSTRASSE 5 97072 WURZBERG, GERMANY	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S TOMMASI, HEIDRUN 204 64TH ST, CTNW BRAEDENTON, FL 34209	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]** DATE: **X 2/10/02** Daytime Phone: **941792-8357**

CR2E034B (12/01)