


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90292 029 ***150.00

DOCUMENT # P96000098132

1. Entity Name
1650 DUNLAWTON AVENUE, INC.



Principal Place of Business
**1858 RINGLING BLVD
SARASOTA FL 34236**

Mailing Address
**1858 RINGLING BLVD
SARASOTA FL 34236**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3422065**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLENDINNING, RENE M
1858 RINGLING BLVD
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GERRULL, MICHAEL	
STREET ADDRESS	FRIEDENSTRASSE NO 5	
CITY-ST-ZIP	97072 WURZBERG GE	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMMASI, HEIDRUN	
STREET ADDRESS	204 64TH ST CT NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BORMANN, ELMAR	
STREET ADDRESS	FRIEDENSTRASSE NO 5	
CITY-ST-ZIP	97072 WURZBURG GE	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, GREGORY E	
STREET ADDRESS	250 ROYAL PALM WAY STE. 300	
CITY-ST-ZIP	PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOMMASI, HEIDRUN	
STREET ADDRESS	204 64 ST CT NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **DATE:** 4/28/03 **DAYTIME PHONE #:** 941 792 8357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)