

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031918

1. Entity Name

DUNGAN, BROOKS IMPORTS, INC.

**FILED**  
**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90112 021 \*\*\*150.00

Principal Place of Business

Mailing Address

13951 NORWAY PINE PT  
JACKSONVILLE FL 32225  
US

13951 NORWAY PINE PT  
JACKSONVILLE FL 32225-3508  
US

2. Principal Place of Business

3. Mailing Address

1816 ST. Johns Bluff Rd  
Suite, Apt. #, etc.  
202

13951 Norway Pine Pl  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Jax FL

Jax. FL

4. FEI Number 59-3453846

Applied For  
Not Applicable

Zip Country  
32246 Duval

Zip Country  
32225 Duval

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

DUSS, ROBERT V  
112 WEST ADAMS ST. STE 1402  
JACKSONVILLE FL 32202

Name Cynthia B. Dungan  
Street Address (P.O. Box Number is Not Acceptable)  
13951 Norway Pine Pl

City Jax FL Zip Code 32225

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 Cynthia B. Dungan Cynthia B. Dungan 1/7/99  
Signature, typed or printed name of registered agent and title is acceptable. (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 \$150.00**  
**After MAY 1, 2000 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

TITLE DVTS  
NAME DUNGAN, CYNTHIA B  
STREET ADDRESS 13951 NORWAY PINE PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE D  
NAME DUNGAN, TERRY L  
STREET ADDRESS 13951 NORWAY PINE PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Cynthia B. Dungan 1/6/99 904-998-9227  
Signature and typed or printed name of signing officer or director Date Daytime Phone #