

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90182 029 ***150.00

0048233 AV

DOCUMENT # P98000034293

1. Entity Name
DUNKEN, INC.

Principal Place of Business
3400 A HIGHWAY 77
PANAMA CITY FL 32405

Mailing Address
3400 A HIGHWAY 77
PANAMA CITY FL 32405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2401 Ruth HENTZ Av

2401 Ruth HENTZ Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

P.C. FL

P.C. FL

Zip 32405

Country

Zip 32405

Country

4. FEI Number 59-3503238

Applied For
Not Applicable

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

PRICE, BRIAN
4073 WOODRIDGE PL
PC FL 32405

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 \$150.00
After May 1, 2002 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 **P** ☐ Delete
NAME **PRICE, BRIAN**
STREET ADDRESS **4673 WOODRIDGE PL**
CITY-ST-ZIP **PC FL 32405**

TITLE ☒ Change ☐ Addition
NAME **PRICE, BRIAN K**
STREET ADDRESS **4073 WOODRIDGE PL**
CITY-ST-ZIP **PC FL 32405**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Daytime Phone #

1-17-02 850 873 6269

CP2E034 (9/01)