

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

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90447 043 ***150.00

DOCUMENT # **P98000067337**

1. Entity Name

DASHING HOUND CORPORATION



DO NOT WRITE IN THIS SPACE

10077858

2. Principal Place of Business

18649 OZARK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

18649 OZARK DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HUDSON FLA

City & State

HUDSON FL

4. FEL Number

59-3570027

Applied For

Not Applicable

Zip

34667

Country

USA

Zip

34667

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH H. NUNN

Street Address (P.O. Box Number is Not Acceptable)

18649 OZARK DR

HUDSON

City

HUDSON

FL

Zip Code

34667

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NUNN KENNETH H.
18649 OZARK DR
HUDSON FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NUNN STEFFI M.
18649 OZARK DR
HUDSON FL 34667**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: **Kenneth H. Nunn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth H. Nunn

Date

4-14-03

Daytime Phone #

127/869-0080

CR2E034B (12/02)