

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90091 005 ***150.00

DOCUMENT # P98000097349

1. Entity Name
DUSK 2 DAWN INC.



Principal Place of Business
4650 ROBIN HOOD DRIVE EAST
SARASOTA FL 34232

Mailing Address
4650 ROBIN HOOD DRIVE EAST
SARASOTA FL 34232



2. Principal Place of Business

15 PARADISE PLAZA

3. Mailing Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

#281

Suite, Apt. #, etc.

#281

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

USA

Zip

34239

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0875970

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OLESEN, RYAN
4650 ROBIN HOOD DRIVE EAST
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

OLESEN, RYAN

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

15 PARADISE PLAZA #281

City

SARASOTA

FL

Zip Code

34239

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

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

(NOTE: Registered Agent signature required when reinstating)

01/10/03

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 **P** ☐ Delete
NAME **OLESEN, RYAN**
STREET ADDRESS **4650 ROBIN HOOD DRIVE EAST**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **RYAN OLESEN**
STREET ADDRESS **15 PARADISE PLAZA #281**
CITY-ST-ZIP **SARASOTA, FL 34239**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 REQUIRED **RYAN OLESEN**

01/10/03

949248878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (10/02)