2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE:

FILED Feb 26, 2000 8:00 am Secretary of State DOCUMENT # P99000023526 1. Entity Name DUNHILL MARKETING, INC. 02-26-2000 90006 035 ***150.00 Principal Place of Business Mailing Address POST OFFICE BOX 369 2333 SUNNYSIDE LANE SARASOTA FL 34239 SARASOTA FL 34230-0369 2. Principal Place of Business 3. Mailing Address -405-S:-OSDVE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEJ Number 090 3488 City & State Applied For City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired arasott Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent UNHILL H EATHER DUNHILL, HEATHER L Box Number is Not Acceptable 2333 SUNNYSIDE LANE Strew SARASOTA FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 <u>Tax filing requirement and elects to do so:</u> Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99 Change ☐ Addition TITLE ☐ Delete TITLE HEATHER DUNHILL HEATHER L NAME NAME 405 S. OSPREY AVE #1 2333 SUNNYSIDE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SARASOTA FL 34239 ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITLE Change THILE NAME STREET ADDRESS STREET ADDRESS CITY ST-715 CITY-ST-ZIP i3. 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 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver