

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000028902**

1. Entity Name
DRYER VENTS UNLIMITED, INC.



Principal Place of Business
8412 SOUTHWEST 44TH PLACE
DAVIE FL 33328

Mailing Address
8412 SOUTHWEST 44TH PLACE
DAVIE FL 33328

2. Principal Place of Business
9921 SW 7th Street

3. Mailing Address
9921 SW 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33025

Country
USA

Zip
33025

Country
USA

4. FEI Number
65-0907949

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEGRON, DIANE L
8412 SW 44 PL
DAVIE FL 33328

Name

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

9921 SW 7th Street

City

Pembroke Pines, FL

Zip Code
33025

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)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
NEGRON, DIANE L
8412 SOUTHWEST 44TH PLACE
DAVIE FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VTD
NEGRON, REINALDO
8412 SOUTHWEST 44TH PLACE
DAVIE FL 33328

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: **DIANE L NEGRON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

954 452-1865

Date Daytime Phone #

CR2E034 (10/02)