

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90140 023 ***150.00

DOCUMENT # P99000058944

1. Entity Name
DUBLIN CORPORATION

Principal Place of Business **Mailing Address**
 323 12TH AVE. 323 12TH AVE.
 INDIAN ROCKS BEACH FL 33785-2854 INDIAN ROCKS BEACH FL 33785-2854

C0085057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
 19525 Gulf Blvd. 19525 Gulf Blvd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Indian Shores FL Indian Shores FL
Zip **Country** **Zip** **Country**
 33785 Pinellas 33785 Pinellas

4. FEI Number **Applied For**
 59-3584895 ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 QUINN, MARGARET
 323 12TH AVE.
 INDIAN ROCKS BEACH FL 33785-2854

7. Name and Address of New Registered Agent
 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, 2000 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			
TITLE	PRESIDENT	<input type="checkbox"/> Delete	
NAME	MARGARET QUINN		
STREET ADDRESS	323 12TH AVE.		
CITY-ST-ZIP	Indian Rocks Beach, FL 33785		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Margaret Quinn		
STREET ADDRESS	323 12TH AVE.		
CITY-ST-ZIP	Indian Rocks Beach, FL 33785		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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)(j), 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: *Margaret Quinn* **SIGNATURE REQUIRED** *Margaret Quinn* 4/24/00 727-593-3208
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)