

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90368 039 ***150.00

DOCUMENT # S10586

1. Entity Name
THOMAS DUNN, INC.

Principal Place of Business

**606 MARKET ST
 STE 110
 CELEBRATION FL 34747
 US**

Mailing Address

**606 MARKET STREET
 STE 110
 CELEBRATION FL 34747
 US**

2. Principal Place of Business

1909 OVERLOOK DR.

3. Mailing Address

1909 OVERLOOK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MOUNT DORA, FL.

City & State
MOUNT DORA, FL.

4. FEI Number **59-3043984**

Applied For
 Not Applicable

Zip

Country

32757 U.S.A.

Zip

Country

32757 U.S.A.

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

6. Name and Address of Current Registered Agent

**DUNN, THOMAS
 1909 OVERLOOK DR
 MT DORA FL 32757**

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, 2002 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 **PT** ☐ Delete
 NAME **DUNN, THOMAS, R**
 STREET ADDRESS **1909 OVERLOOK DR**
 CITY-ST-ZIP **MT DORA FL**

TITLE **VS** ☐ Delete
 NAME **KNIGHT, RONNIE, JOE**
 STREET ADDRESS **1317 SYLVAN DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas Dunn** **THOMAS DUNN PRESIDENT**

4-10-02

407 9732920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)