

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90111 014 ***158.75

DOCUMENT # 503504

1. Entity Name

DOYLE ELECTRIC SERVICES, INC.

Principal Place of Business

**3415 QUEEN PALM DRIVE
 TAMPA FL 33619**

Mailing Address

**3415 QUEEN PALM DRIVE
 TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1675039

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARLOWE, STEVE
 324 S HYDE PARK AVE
 SUITE 210
 TAMPA FL 33606**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STD DOYLE, DEBORAH T.	<input type="checkbox"/> Delete
STREET ADDRESS	15350 AMBERLY DRIVE, #5321	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	PD DOYLE, P.H., JR.	<input type="checkbox"/> Delete
STREET ADDRESS	15350 AMBERLY DRIVE, #5321	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	VD HATCHER, LONNIE J	<input type="checkbox"/> Delete
STREET ADDRESS	1102 RIFLECREST AVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	STD Doyle, Deborah T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5006 Langdale Way	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME	PD Doyle, P.H., Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5006 Langdale Way	
CITY-ST-ZIP	Tampa, FL 33647	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(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: *P.H. Doyle, Jr.* **P.H. Doyle, Jr.** 2/5/02 **(813) 630-4600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)