2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H96327

JBR) FILED Apr 14, 2003 Secretary of State

Entity Name: DOYLE MARKETING GROUP, INC.

urrent P	rincipal Place	OT BUSINESS:	New Principal Place	e of Busiliess.
	CASTER RD ATER, FL 3376	4 US		
urrent M	ailing Addres	s:	New Mailing Addres	ss:
	CASTER RD ATER, FL 3376	4 US		
El Number:	59-2666128	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
OYLE, A	т			
	CASTER RD ATER, FL 3376	4 US		
LEARW <i>A</i> he above	CASTER RD ATER, FL 3376		ourpose of changing its registere	ed office or registered agent, or both,
LEARWA	CASTER RD ATER, FL 3376 named entity s e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
LEARWA he above the State	CASTER RD ATER, FL 3376 named entity s of Florida. RE:			ed office or registered agent, or both, Date
LEARWA he above the State	CASTER RD ATER, FL 3376 named entity s of Florida. RE: Electroni	ubmits this statement for the ρ		
he above the State IGNATUF	CASTER RD ATER, FL 3376 named entity s of Florida. RE: Electroni	ubmits this statement for the position of Registered Age Trust Fund Contribution ().	ent	
he above the State IGNATUF	CASTER RD ATER, FL 3376 named entity s of Florida. RE: Electroni mpaign Financing S AND DIRECT	ubmits this statement for the procession of Registered Age Trust Fund Contribution (). TORS: Delete ER RD	ent	Date
he above the State IGNATUF ection Car FFICERS tle: ame: ddress:	CASTER RD ATER, FL 3376 named entity s e of Florida. RE: Electroni mpaign Financing S AND DIRECT PST () DOYLE, A.T., 1717 DONCAST CLEARWATER,	ubmits this statement for the processing contribution (). Trust Fund Contribution (). TORS: Delete ER RD FL 33764 US Delete ER RD	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.A. DOYLE VP 04/14/2003