


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0631921 AV

DOCUMENT # P95000029954

1. Entity Name
DOONER MANAGEMENT, INC.



04-30-2003 90049 034 ***150.00

Principal Place of Business
**1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102
US**

Mailing Address
**1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102
US**

11067618



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **65-0596482**
Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**DOONER, EUGENE C
1010 FIFTH AVE S
SUITE 300
NAPLES FL 34102**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eugene C. Dooner (NOTE: Registered Agent signature required when reinstating)
DATE 4/30/03

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

TITLE NAME	D DOONER, EUGENE C.	<input type="checkbox"/> Delete
STREET ADDRESS	5386 SYCAMORE DRIVE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE NAME	STD DEVLIN, ROBERT E.	<input type="checkbox"/> Delete
STREET ADDRESS	600 NEAPOLITAN WAY, APT. 258	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE NAME	D DOONER, JOAN E	<input type="checkbox"/> Delete
STREET ADDRESS	6815 GLADYS STREET	
CITY-ST-ZIP	OTTERROCK OR 97369	
TITLE NAME	D LEE, NANCY DOONER	<input type="checkbox"/> Delete
STREET ADDRESS	302 RIDGE DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6934 Rain Lily Court, # 204	
CITY-ST-ZIP	Naples, Florida 34109	
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		

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: SIGNATURE REQUIRED **4/30/03** **239 203 6664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)