

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000098961

**Entity Name:** DOVI STUDIO INC.

**Current Principal Place of Business:**

5967 BROKEN BOW LANE  
PORT ORANGE, FL 32127

**Current Mailing Address:**

5967 BROKEN BOW LANE  
PORT ORANGE, FL 32127 US

**FEI Number:** 86-1211740

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KEVCO, INC.  
214 LOOMIS AVE  
DAYTONA BEACH, FL 32114 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BOLAS, DOUGLAS A  
Address 5967 BROKEN BOW LANE  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name BOLAS, VICKI JO  
Address 5967 BROKEN BOW LANE  
City-State-Zip: PORT ORANGE FL 32127

Title MBR  
Name MARINO, GINGER  
Address 2526 HOLLY BERRY CIRCLE  
City-State-Zip: CLERMONT FL 34711

Title MBR  
Name VOSTREJS, ANTHONY  
Address 3502 BAYFAIR PLACE  
City-State-Zip: TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS BOLAS

P

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date