

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90328 036 \*\*\*150.00

**DOCUMENT # 287463**  
 1. Entity Name  
**ROBERT W. DOTY, INC.**

Principal Place of Business <b>2215 INDUSTRIAL BLVD SARASOTA FL 34234 US</b>	Mailing Address <b>P O BOX 3406 SARASOTA FL 34230 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6584 Hickman Terrace</b> Suite, Apt. #, etc.
City & State	City & State <b>Alexandria Va</b>
Zip	Country <b>FAIRFAX</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1114635</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**DOTY, ROBERT W  
 2820 BRETON WOODS  
 SARASOTA FL 34235**

7. Name and Address of New Registered Agent

Name <b>John Mercurio</b>
Street Address (P.O. Box Number is Not Acceptable) <b>713 S. Orange Ave</b>
City <b>Sarasota</b>
State <b>FL</b>
Zip Code <b>34236</b>

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: *John Mercurio* DATE: **4/27/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOTY, ROBERT W</b>		NAME <b>Doty, Robert W</b>	
STREET ADDRESS <b>2820 BRETON WOODS</b>		STREET ADDRESS <b>2820 Breton Woods</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>		CITY-ST-ZIP <b>Sarasota, FL</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOTY, ETHEL L.</b>		NAME	
STREET ADDRESS <b>2820 BRETON WOODS</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DE LANCY, DENISE A.</b>		NAME	
STREET ADDRESS <b>4116 WEBBER ST.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SARASOTA FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Robert W. Doty* **REQUIREMENT: Power of atty April 30, 2001 703 313-9445**

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

CR2E034 (9/01)

Durable Power of Attorney

Attachment  
#287463

I, Robert W. Doty, of the County of Sarasota, State of Florida, appoint my Jay Doty Jettler, as my attorney-in-fact, to act for me, in my name and on my behalf as follows:

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1. To collect and receipt for money due me, sue in my name and behalf, to recover money due me, collect on any judgments recovered by me, and execute satisfactions;

2. To initiate, defend, continue, or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact;

3. To deposit or withdraw from, or draw checks or drafts on all savings or checking accounts, money market funds, or any other type of account in my name, or open new accounts in my name in any bank or financial institution or with any insurance or brokerage firm;

4. To endorse negotiable instruments;

5. To hire or discharge (with or without cause) employees including, but not limited to, physicians, nurses, attorneys, and domestics;

6. To borrow money and incur indebtednesses for which I will be liable;

7. To pay on my behalf any bills, judgments, or other debts for which I am now or later liable;

8. To act for me in any business in which I am interested;

9. To manage properties belonging to me or in which I have an interest and generally perform all matters, including but not limited to, the sale, purchase, lease, conveyance, granting of options, and negotiation and execution of contracts of every nature concerning real or personal property, including homestead or exempt property;

10. To transact business, make contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages, and other instruments which may be necessary or proper to effectuate any matter or thing pertaining to or belonging to me;

11. To join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property;

12. To make gifts for estate planning purposes, including gifts to my attorney-in-fact, except that such gifts may not exceed the available annual exclusion from gift taxes in any year;

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13. To create, amend, or revoke trusts or make transfers to trusts created by me.

14. To buy U.S. Treasury Bonds redeemable at par in payment of estate taxes;

15. To change the beneficiaries of life insurance policies that I own and any qualified pension or profit sharing plans;

16. To employ a custodian for securities and for investment management.

17. To enter into any safe deposit box for which I am a lessee and add or remove items

18. To receive and endorse for deposit in any account any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Veteran's Administration payments or grants, Medicare or Medicaid payments, and tax refunds;

19. To represent me before any office of the Internal Revenue Service or any state agency, sign any tax return on my behalf, and receive confidential information regarding tax matters (SSN ) for all periods, whether before or after the execution of this instrument;

20. To disclaim any property interest that I would otherwise receive;

21. To purchase, sell or redeem U.S. Savings Bonds;

22. To exercise any power of appointment held by me now or in the future;

23. To take actions necessary for my health, safety, and care, including the authority to execute consents, releases, authorizations, or waivers for hospitalization, surgery, medical treatment, administration of drugs, or other therapeutic measures;

24. To consent to the termination of life prolonging procedures in accordance with my written declaration to that effect;

25. To demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege or any similar privilege;

26. To file or process claims for any medical bills with all insurance companies through which I have coverage, including but not limited to Medicare and Medicaid;

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27. To receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social Security Act;

28. To nominate on my behalf a person (including my attorney-in-fact) or entity to be appointed by a court of appropriate jurisdiction as guardian of my person or property, or both, or as custodian for my property during the pendency of any proceedings to determine my competency;

29. Generally to act for me in all matters affecting my person, health, business, or property, with the same force and effect as though I were personally present and acting for myself.

Any third party to whom this power of attorney is presented may rely upon an affidavit by my attorney-in-fact stating, to the best of my attorney-in-facts knowledge and belief, that this power has not been revoked and that I am then living. No third party relying on this power and that affidavit will be liable for any losses, damages, or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this power.

It is my specific intent that the power conferred on my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my later disability or incapacity, except as otherwise provided by statute.

Executed this 20th day of February, 192002.

Signed, sealed and delivered in the presence of:

James R. Van Horne  
(SEAL)

Robert W. Doty

Bubba C. Van Horne  
STATE OF FLORIDA

COUNTY OF Manatee

I certify that on this 20th day of February, 192002, Robert W. Doty whom I know to be the person described in and who executed this Power of Attorney, personally appeared before me and acknowledged it's execution to be his/her free act and deed.

My commission expires:

Christine M. Streck  
NOTARY PUBLIC

(Affix notarial seal)

