

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

0567006

**DOCUMENT # 300480**

1. Entity Name

**DOALL FLORIDA COMPANY**

05-29-2001 90016 032 \*\*\*550.00

Principal Place of Business

**1651 ROBERT J. CONLON BLVD. N.E.  
 PALM BAY FL 32905**

Mailing Address

**254 N. LAUREL AVENUE  
 ATTN. DAVID WALL  
 DES PLAINES IL 60016  
 US**

**C0070542**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1539 PINETREE LANE**

3. Mailing Address

**254 N. LAUREL AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**R.**

**ATTN: JAMES JAPCZYK**

City & State

**PALM BAY, FL**

City & State

**DES PLAINES IL**

Zip

**32907**

Country

**U.S.**

Zip

**60016**

Country

**U.S.**

4. FEI Number

**59-1112401**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BURKE, JANETTE  
 1651 ROBERT CONLON BLVD. N.E.  
 PALM BAY FL 32905**

7. Name and Address of New Registered Agent

Name

**BURKE, JANETTE**

Street Address (P.O. Box Number is Not Acceptable)

**1539 PINETREE LANE**

City

**PALM BAY**

FL

Zip Code

**32907**

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.

(NO 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, 2001 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

TITLE ☒ Delete

**PD  
 ANDERSON, JOHN  
 1651 ROBERT CONLON BLVD  
 PALM BAY FL**

TITLE ☐ Delete

**D  
 WILKIE, M.L.  
 254 N. LAUREL AVE.  
 DES PLAINES IL**

TITLE ☐ Delete

**D  
 HENRICKS, JON M.  
 650 LAKE ROAD  
 LAKE FOREST IL**

TITLE ☒ Delete

**S  
 TIMM, TED  
 621 S COURTLAND AVE  
 PARK RIDGE IL**

TITLE ☒ Delete

**T  
 WALL, DAVID  
 630 BLUEGRASS DRIVE  
 WHEATON IL**

TITLE ☐ Delete

**!**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

**NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**S  
 TIM MORAN  
 26875 FENVIEW  
 BARRINGTON, IL 60010**

TITLE ☒ Change ☐ Addition

**T  
 JAMES JAPCZYK  
 519 N. MYRTLE AVENUE  
 ELMHURST, IL 60126**

TITLE ☐ Change ☐ Addition

**NAME  
 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES JAPCZYK TREASURER**

Date

Daytime Phone #

**847  
 803-7223**

CR2E034 (10/00)