

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90008 046 \*\*\*150.00

**DOCUMENT # 491203**  
 1. Entity Name  
**DOVE REALTY, INC.**

Principal Place of Business  
**24840 BURNT PINE DR**  
**#-3**  
**BONITA SPRINGS FL 34134**

Mailing Address  
**PO BOX 110489**  
**NAPLES FL 34108**

2. Principal Place of Business  
**9220 Bonita Beach Rd.**  
 Suite, Apt. #, etc.  
**201**

3. Mailing Address  
**P.O. Box 110489**  
 Suite, Apt. #, etc.  
**201 E.W.D.**

City & State  
**Bonita Springs, FL**

City & State  
**NAPLES FL**

Zip  
**34135**

Country  
**USA**

Zip  
**34108**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DOVE, EMIL WILSON**  
**24840 BURNT PINE DR, SUITE 3**  
**BONITA SPRINGS FL 33923**

4. FEI Number **59-1656584** Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name **Emil Wilson Dove**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9220 Bonita Beach Rd #201**  
 City **Bonita Springs** FL Zip Code **34135**

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 Emil Wilson Dove **Emil Wilson Dove** 4/24/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DOVE, EMIL WILSON 24840 BURNT PINE DR., STE 3 BONITA SPRINGS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTENSEN, BETTY JEAN 256 VIKING WAY NAPLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Emil Wilson Dove **Emil Wilson Dove** 4/24/01 941.992.3392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)