

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010424 11

DOCUMENT # A99000000566

1. Entity Name  
DOBBS MARKETING GROUP, LTD.

FILED

00 FEB -4 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1840 GIBSONIA GALLOWAY ROAD  
LAKELAND FL 33810

Mailing Address  
1840 GIBSONIA GALLOWAY ROAD  
LAKELAND FL 33810-3256



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0898743

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
DOBBS, LARRY G  
1840 GIBSONIA GALLOWAY ROAD  
LAKELAND FL 33810

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$1,160,105.64

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000031492	STREET ADDRESS	300003130223--2	
NAME	DOBBS MANAGEMENT, INC.	CITY - ST - ZIP	-02/10/00--01002--008	
STREET ADDRESS	1840 GIBSONIA GALLOWAY ROAD		***526.25 ***526.25	
CITY - ST - ZIP	LAKELAND FL 33810			
DOCUMENT #		STREET ADDRESS		
NAME		CITY - ST - ZIP		
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NAME		CITY - ST - ZIP		
STREET ADDRESS				
CITY - ST - ZIP				

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 820, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 01-12-00 Daytime Phone # 863-687-1836

CR2E003 (9/99)