

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F28393**1. Entity Name  
**DOYLE & ASSOCIATES, INC.**

Principal Place of Business	Mailing Address
46 N WASHINGTON BLVD	POB 49467
SUITE 1	
SARASOTA FL	SARASOTA FL
34236 US	34230-646 US

2. Principal Place of Business	3. Mailing Address
46 N WASHINGTON BLVD.	P. O. BOX 49467

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE #1	

City & State	City & State
SARASOTA FL	SARASOTA FL

Zip	Country	Zip	Country
34236	US	342306467	US

4. FEI Number	Applied For
<b>59-2082280</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

NEVIN WEINER ATTY  
LIVINGSTON PATTERSON STRICKLAND P.A.  
46 NORTH WASHINGTON BLVD #1  
SARASOTA FL  
34236 US

**7. Name and Address of New Registered Agent**

Name
NEVIN A. WEINER, ATTORNEY
Street Address (P.O. Box Number is Not Acceptable)
46 NORTH WASHINGTON BLVD.
SUITE #1
City
SARASOTA FL
Zip Code
34236

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 **NEVIN A. WEINER, ESQ.****01/12/2001**

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.  
(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	PSTD	<input type="checkbox"/> Delete
NAME	DOYLE, MERTON G, JR	
STREET ADDRESS	P O BOX 2699, N/A	
CITY-ST-ZIP	SARASOTA FL 342302699	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, MERTON G, JR.	
STREET ADDRESS	P. O. BOX 2699, N/A	
CITY-ST-ZIP	SARASOTA FL 342302699	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

**SIGNATURE:** **Merton G. Doyle, Jr.**

Dir.

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)