

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006037

1. Entity Name

DOVE ONE INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90016 005 ***158.75

Principal Place of Business

Mailing Address

2501 S.E. AVIATION WAY
SUITE 1
STUART FL 34997

2501 S.E. AVIATION WAY
SUITE 1
STUART FL 34996-4017

2. Principal Place of Business

4225 Ingraham Hwy

Suite, Apt. #, etc.

3. Mailing Address

4225 Ingraham Hwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0106720

Applied For

Not Applicable

Zip

33133

Country

Dade

Zip

33133

Country

Dade

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOUDY, MARLIN
345 SE CARDINAL TRAIL
STUART FL 34997

7. Name and Address of New Registered Agent

Name

Serge Feller

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

4225 Ingraham Hwy

City

Miami

FL

Zip Code

33133

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

S. Feller Chairman (CEO + President)

3/7/00

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, 2000 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	PCD	<input checked="" type="checkbox"/> Delete
NAME	MOUDY, MARLIN	
STREET ADDRESS	2501 S.E. AVIATION WAY	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	MOUDY, PATRICIA	
STREET ADDRESS	2501 S.E. AVIATION WAY	
CITY-ST-ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	Chairman, CEO + President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Serge Feller	
STREET ADDRESS	4225 Ingraham Hwy	
CITY-ST-ZIP	Miami FL 33133	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Korth	
STREET ADDRESS	3575 Stewart Ave	
CITY-ST-ZIP	Miami FL 33133	
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:

S. Feller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/00 3056685119

Date

Daytime Phone #

CR2E034 (9/99)