

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H43298**1. Entity Name
DOVE'S NEST, INC.

Principal Place of Business

**825 E. PLUM ST.
LAKELAND FL 33801**

Mailing Address

**825 E. PLUM ST.
LAKELAND FL 33801**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2501242**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX, HENRY G. JR.
640 E THELMA ST.
LAKE ALFRED FL 33850**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	COX, HENRY G., JR.	
STREET ADDRESS	640 E. THELMA ST.	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, ANDREA B	
STREET ADDRESS	640 EAST THELMA STREET	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COX, JOHN W	
STREET ADDRESS	6614 NW 48 MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COX, ELIZABETH	
STREET ADDRESS	P.O. BOX 245	
CITY-ST-ZIP	BRASSTOWN NC	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANDREA B. COX **3-13-01** **686-6378****FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90029 020 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)