

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90405 013 \*\*\*150.00

00068739

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b> 501970			
<b>1. Entity Name</b> Dove's Diversified Services, Inc. ✓			
<b>Principal Place of Business</b> 1929 75 <sup>th</sup> Ave N St Petersburg, FL 33702		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>4. FEI Number</b> 59-2647793		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> Ramona Dove 6416 9 <sup>th</sup> St N St Petersburg, FL 33702		<b>7. Name and Address of New Registered Agent</b> Name: Janet L Dove Street Address (P.O. Box Number is Not Acceptable): 1929 75 <sup>th</sup> Ave N City: St Petersburg, FL Zip Code: 33702	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida.</b> SIGNATURE: <u>Janet L Dove</u> Janet L Dove President (NOTE: Registered Agent signature required when reinstating) DATE: 4/26/01			
<b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: <u>President</u> <input checked="" type="checkbox"/> Delete NAME: <u>Ramona Dove</u> STREET ADDRESS: <u>8764 15<sup>th</sup> St N</u> CITY-ST-ZIP: <u>St Petersburg, FL 33702</u>		TITLE: <u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>Janet L Dove</u> STREET ADDRESS: <u>1929 75<sup>th</sup> Ave N</u> CITY-ST-ZIP: <u>St Petersburg, FL 33702</u>	
TITLE: <u>Sec/Treas</u> <input type="checkbox"/> Delete NAME: <u>Janet L Dove</u> STREET ADDRESS: <u>1929 75<sup>th</sup> Ave N</u> CITY-ST-ZIP: <u>St Petersburg, FL 33702</u>		TITLE: <u>Sec/Treas</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <u>Ramona Atkinson</u> STREET ADDRESS: <u>1929 75<sup>th</sup> Ave N</u> CITY-ST-ZIP: <u>St Petersburg, FL 33702</u>	
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: 	
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<b>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.</b>			
SIGNATURE: <u>Janet L Dove</u>		4/26/01 (927) 421-1356 Date Daytime Phone #	

CR2E034 (11/00)