

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90126 019 \*\*\*150.00

**DOCUMENT # K85302**

1. Entity Name  
**DOYLE & DOYLE, P.A.**

Principal Place of Business  
**15215 LIVINGSTON AVE.**  
**57**  
**LUTZ FL 33549**

Mailing Address  
**PO BOX 1288**  
**BRANDON FL 33509**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12253 W. COLONIAL DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 784221**  
 Suite, Apt. #, etc.

City & State  
**WINTER GARDEN, FL**

City & State  
**WINTER GARDEN, FL**

Zip  
**34787-444 USA**

Zip  
**34787-421 USA**

4. FEI Number **59-2945258** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**DOYLE, WILLIAM O.**  
**15215 LIVINGSTON AVE #57**  
**LUTZ FL 33549**

7. Name and Address of New Registered Agent  
 Name **(SAME)**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12253 W. COLONIAL DR**  
**WINTER GARDEN**  
 City **WINTER GARDEN** FL Zip Code **34787**

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 **WILLIAM OWENS DOYLE** **17 APRIL 2002**  
Signature, type in a printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>DOYLE, WILLIAM O.</b> <b>15215 LIVINGSTON AVE #57</b> <b>LUTZ FL 33549</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>(SAME)</b> <b>12253 W. COLONIAL DR</b> <b>WINTER GARDEN, FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 10 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **WILLIAM OWENS DOYLE** **17 APRIL 2002**  
SIGNATURE AND TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)