

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90003 034 \*\*\*150.00

**DOCUMENT # L09616**

1. Entity Name  
**DOHASO, INC.**

Principal Place of Business

**5654 DELIDO CT  
CAPE CORAL FL 33904  
US**

Mailing Address

**P O BOX 150328  
CAPE CORAL FL 33915  
US**

2. Principal Place of Business

**14200 ROYAL HARBOUR CT.**

Suite, Apt. #, etc.  
**#706**

City & State  
**FT. MYERS, FL.**

Zip  
**33908**

Country  
**USA**

3. Mailing Address

**14200 ROYAL HARBOUR CT.**

Suite, Apt. #, etc.  
**#706**

City & State  
**FT. MYERS, FL.**

Zip  
**33908**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0150236**

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

**WEGMANN, GERD  
647 CORAL DR  
CAPE CORAL FL 33904**

Name  
**DORETTA L. BREE**

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

**14200 ROYAL HARBOUR CT. #706**

City  
**FT. MYERS**

FL

Zip Code  
**33908**

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 **Doretta Bree**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/18/01**  
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 **P** ☐ Delete  
NAME **DORETTA L BREE**  
STREET ADDRESS **5654 DELIDO COURT**  
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **ADDRESS ONLY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **14200 ROYAL HARBOUR CT. #706**  
CITY-ST-ZIP **FT. MYERS, FL. 33908**

TITLE **DST** ☐ Delete  
NAME **BREE, DORETTA L**  
STREET ADDRESS **5654 DELID CT**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **ADDRESS ONLY** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **14200 ROYAL HARBOUR CT. #706**  
CITY-ST-ZIP **FT. MYERS, FL. 33908**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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: **Doretta Bree** **Doretta Bree**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/01** **(941) 454-2848**  
Date Daytime Phone #

CR2E034 (10/00)