

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007333

1. Entity Name  
DOLOHA LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

Principal Place of Business  
25531 FAIRWAY DUNES COURT  
BONITA SPRINGS FL 34135

Mailing Address  
25531 FAIRWAY DUNES COURT  
BONITA SPRINGS FL 34135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
9991 Cypress Lake Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
3018 Devon Dr.  
Suite, Apt. #, etc.

City & State  
Fort Myers FL  
Zip  
33919  
Country  
USA

City & State  
Fort Wayne IN  
Zip  
46815  
Country  
USA

4. FEI Number  
Applied For  
☒ Not Applicable

5. Certificate of Status Desired  
☒ \$5.00 - Additional Fee Required

6. Name and Address of Current Registered Agent  
BIZCORP INTERNATIONAL INC.  
4400 PGA BLVD., SUITE 700  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent  
Name  
Dodd L HARVEY  
Street Address (P.O. Box Number is Not Acceptable)  
9991 Cypress Lake Dr.  
City  
Fort Myers FL  
Zip Code  
33919

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  
Dodd L HARVEY  
Signature, typed or printed name of registered agent and title if applicable.  
(NOTE: Registered Agent signature required when reinstating)  
DATE  
Sept 19 2000

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MGRN Dodd L HARVEY 9991 Cypress Lake Dr. Fort Myers FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MGRN Dodd L HARVEY 9991 Cypress Lake Dr. Fort Myers FL 33919 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MGRN CAROLYN F HARVEY 5406 DAMASK DR Fort Wayne IN 46815 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003456801--3 -11/08/00--01025--003 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dodd L HARVEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date  
9/19/2000  
Daytime Phone #  
219 484 1145

CR2E083 (5/00)