

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008537

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: DOVE, INCORPORATED

Current Principal Place of Business:

14286-19 BCH BLVD #393
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

14286-19 BCH BLVD #393
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 26-0002745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, NORMA S
13539 CHAUNY RD
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ORDNER, LYN
Address: 14286-19 BCH BLVD #393
City-St-Zip: JACKSONVILLE, FL 32250

Title: VC (X) Delete
Name: SHELTON, SHEILA
Address: 603 S CHERRY ST
City-St-Zip: EFFINGHAM, IL 62401

Title: S () Delete
Name: BUSHUR, KAREN
Address: 446 COUNTY RD 200 N
City-St-Zip: SIGEL, IL 32462

Title: T () Delete
Name: BROOKS, NORMA
Address: 13539 CHAUNY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/C (X) Change () Addition
Name: ORDNER, LYN
Address: 14286-19 BCH BLVD #393
City-St-Zip: JACKSONVILLE, FL 32250

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change () Addition
Name: BUSHUR, KAREN
Address: 446 COUNTY RD 200 N
City-St-Zip: SIGEL, IL 32462

Title: D/T (X) Change () Addition
Name: BROOKS, NORMA
Address: 13539 CHAUNY RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: D/VC () Change (X) Addition
Name: DIGIROLAMO, SANDY
Address: 4832 WEST BLUE FIELD
City-St-Zip: GLENDALE, AZ 85308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYN ORDNER

D/C

05/01/2002

Electronic Signature of Signing Officer or Director

Date