

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 014 ***150.00

DOCUMENT # P000000004278

1. Entity Name

DVDOCTOR INC. ✓

DO NOT WRITE IN THIS SPACE

80093360

2. Principal Place of Business

P.O. Box 66212

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 66212

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3681197

Applied For

Not Applicable

Zip

33736-6212

Country

Zip

33736-6212

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SCHULER, Timothy C.

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

7843 SEMINOLE BLVD.

City

SEMINOLE

FL

Zip Code

33772

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D.
DUTTON, PAUL
STREET ADDRESS
P.O. Box 66212
CITY - ST - ZIP
ST. PETERSBURG, FL 33736-6212

TITLE
NAME
D.
CRATZEE, ROBERT
STREET ADDRESS
P.O. Box 66212
CITY - ST - ZIP
ST. PETERSBURG, FL 33736-6212

TITLE
NAME
D.
FERRICK, SHARYN
STREET ADDRESS
P.O. Box 66212
CITY - ST - ZIP
ST. PETERSBURG, FL 33736-6212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARYN FERRICK, D.

4-26-02

Date

Daytime Phone #

CR2E034B (12/01)