

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90028 033 ***158.75

0053531

DOCUMENT # P00000011095

1. Entity Name

DOYLE REALTY, INC.

Principal Place of Business

162 PINECREST DR.
SANFORD FL 32771

Mailing Address

162 PINECREST DR.
SANFORD FL 32771

2. Principal Place of Business

211 W 1ST STREET
Suite, Apt. #, etc.

3. Mailing Address

211 W 1ST STREET
Suite, Apt. #, etc.

City & State

SANFORD FLORIDA

City & State

SANFORD FLORIDA

Zip

32771

Country

SEMINOLE

Zip

32771

Country

SEMINOLE

4. FEI Number

59-3625854

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DOYLE, JAMES M
162 PINECREST DR.
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name: James M Doyle
Street Address (P.O. Box Number is Not Acceptable)
31405 State Road 46
City: Sorrento FL Zip Code: 32776

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: *James M. Doyle* James M. Doyle President
(NOTE: Registered Agent signature required when reinstating)

DATE: 2-16-01

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

TITLE: PD
NAME: DOYLE, JAMES M
STREET ADDRESS: 162 PINECREST DR.
CITY-ST-ZIP: SANFORD FL 32771 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: SAME
NAME: SAME
STREET ADDRESS: 31405 State Road 46
CITY-ST-ZIP: Sorrento, FL 32776 ☒ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *James M. Doyle* James M Doyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 02-16-01 407-322-2495
Daytime Phone #

CF2E034 (10/00)

158.75