

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90062 032 ***158.75

DOCUMENT # P00000057967

1. Entity Name

DOOLEY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9019 Woodville Highway

Suite, Apt. #, etc.

N/A

City & State

Woodville, FL

Zip

32362

Country

USA

3. Mailing Address

P.O. Box 1209

Suite, Apt. #, etc.

N/A

City & State

Woodville, FL

Zip

32362

Country

USA

4. FEI Number

59-3652311

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **J. Gordon Shuler**

Street Address (P.O. Box Number is Not Acceptable)
100 - 21st Avenue

City **Apalachicola**

FL

Zip Code
32320

**DO NOT WRITE
IN THIS SPACE**

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
STREET ADDRESS
CITY-ST-ZIP
DPT
MICHAEL WAYNE DOOLEY
425 W. HIGHWAY 98
APALACHICOLA, FL 32320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
LINDA J. DOOLEY
425 W. HIGHWAY 98
APALACHICOLA, FL 32320

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JERRY DYKES
9019 WOODVILLE HIGHWAY
WOODVILLE, FL 32362

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CR2E034B (12/01)

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.

(850) 653-9695

SIGNATURE:

Michael Wayne Dooley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WAYNE DOOLEY, PRESIDENT 4/26/02

Date

Daytime Phone #