

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90241 001 \*\*\*400.00  
 07-08-2002 90241 002 \*\*\*150.00

**DOCUMENT # P00000062247**

1. Entity Name  
**MS. DOVE ENTERPRISES, INC.**

Principal Place of Business

**7354 NW 1ST MANOR  
 PLANTATION FL 33317**

Mailing Address

**7354 NW 1ST MANOR  
 PLANTATION FL 33317**

2. Principal Place of Business

*SAME*

3. Mailing Address

*SAME*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1030871**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**AUERBACH, JAY E ESQ.  
 2338 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **HOLMES, SUSAN C**  
 CITY-ST-ZIP **7354 NW 1ST MANOR  
 PLANTATION FL 33317**

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

TITLE ☐ Delete  
 NAME **VPD**  
 STREET ADDRESS **BURKE, JACKIE**  
 CITY-ST-ZIP **16221 JERALD ROAD  
 LAUREL MD 20707**

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

TITLE ☐ Delete  
 NAME **STD**  
 STREET ADDRESS **CICCARELLI, TERI-ANN**  
 CITY-ST-ZIP **3063 GROVE ROAD  
 PALM BEACH GARDENS FL 33444**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERI-ANN CICCARELLI**

Date

Daytime Phone #

**7-02-02**

**561-626-6794**

CR2E034 (9/01)



*Specializing in custom silks & gift baskets*

Susan C. Holmes  
President

Jackie L. Burke  
Vice President - Designer

Teri-Ann Ciccarelli  
Treasurer - Secretary

Attachment  
96642

PO0000062247

July 2, 2002

Dear Sirs,

I thought we had included this paper work, along with other tax requirements, to our accountant. As it turned out,

I - Secretary / treasurer omitted this one. I know there is no excuse for this, but at the time I - we - my family - were under a lot of stress. Daughter going through a court case, where she got beaten up by boyfriend and underwent an operation, and my husband's father dying. It was not done intentionally.

Thank you

Teri Ciccarelli

**MS DOVE ENTERPRISES, INC.**

P.O. Box 16125, PLANTATION, FLORIDA 33318  
1-800-451-3775; <http://www.msdoove.com>